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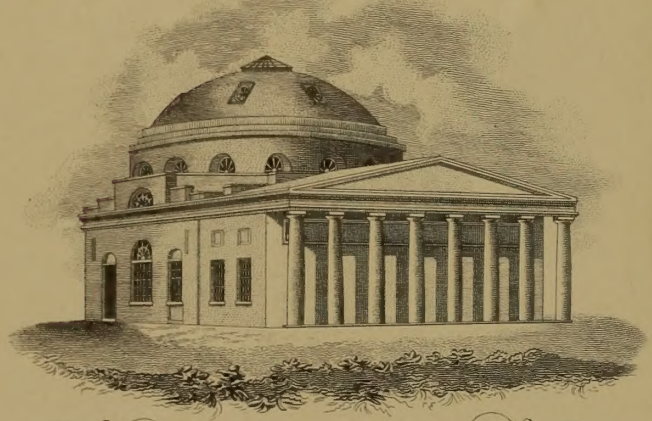

University of Maryland

University of Maryland Theses

Early Doctor of Medicine and Doctor of Physic Dissertations with Corrected Tables of Contents

These manuscripts described as either an Inaugural Dissertation or an Inaugural Essay were presented to the University of Maryland for the Degree of Doctor of Medicine and/or Doctor of Physic during the years 1813-1887. The individual dissertations were bound together during the 1940's. The original tables of contents for the bound volumes contained multiple errors in authors' names, titles, and/or years. To address these errors, an additional "Corrected Table of Contents" has been inserted at the beginning of each volume.

The project team who investigated and corrected the tables of contents were Richard J. Behles, Historical Librarian/Preservation Officer; María Milagros Pinkas, Metadata Management Librarian; Angela Cochrane and Carol Harling-Henry, Resources Division; Sarah Hovde, Abra Schnur and Megan Wolff, Services Division.

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UNIVERSITY OF MARYLAND

THESES

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Price, Robert Franklin	Rubeola
Moore, Reuben Hanson	Rheumatism
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1857 (a)

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An

Inaugural Dissertation

on

Colitis

Submitted to the Examination of the

Provost, Regents and Faculty

of

PHYSIC

of the

University of Maryland

For the

Degree of Doctor of Medicine

By

John Cartwright Ashcom

of

Maryland

1857

Colitis

The term colitis, which is met with in the Practice of Medicine, literally means, an inflammation of the mucous membrane, of the rectum, and colon, characterized by small mucous and bloody evacuations, griping pains in abdomen, with general tenesmus; abdomen hot and tender; stools fetid and dark colored; containing lumps of a puttaceous character. Upon these symptoms, which have been so carefully described by our ancient and Eminent writers, we are to form our diagnosis.

Dysentery is met with in two different varieties. "Acute & Chronic" Under the head of Acute dysentery, there are several forms which have been described in our Med. practice, as occurring under that head; viz- Simple. Bilious. & Dynamic. Intermittent and

Remittent, Typhous and Epidemic. Dysentery may occur with, or without premonitory symptoms. In the Acute, it is preceded by general uneasiness, costiveness or diarrhea, dull or transient pains in abdomen, impaired appetite, lassitude, and other evidences of slight intestinal disturbance.

In Dysentery we have a regular gradation in severity, from a mild form occupying but a small extent of the rectum and colon, without fever and passing off in a few days up to one of the most violent and dangerous forms of the disease that human nature is liable. This diversity depends on the cause and the susceptibility of the patient; but it may also depend on the degree in which the disease is simple or complicated. Mere mucous inflamation of the large intestines is considered as a mild affection; but it is very frequently

associated with the [illegible] with disease in some other organ or organs, or with some morbid state of the system at large, which in various degrees complicates the symptoms, and increases the danger. In the commencement of this stage of the disease there are griping pains in the abdomen, more or less frequent in their occurrence, variable in location, and attended by evacuations, which mitigate the symptoms. There is generally a feeling of weight and heat, after a short time experienced in the rectum, attended with much pain, tenesmus, with an inclination to have the bowels moved, without being able to evacuate anything but a little blood & mucus. The tenesmus increases, and soon becomes one of the most prominent symptoms in the disease. The pains of the abdomen all seem to concentrate in the rectum. The frequency of stools are greatly increased, attended with

much straining, and sometimes so great as to produce (Prolapsus Ani) especially in children and followed by only a slight relief. After the discharge there is occasionally a burning and cutting sensation felt in the anus, which causes fear upon the part of the patient, as to their return, and generally resists as long as possible.—

The number of evacuations vary from twelve to sometimes double or triple that number in twenty four hours, they have been known to go as high as one hundred or even two hundred. In the beginning the evacuations have but little smell, but soon acquire a very disagreeable odor.

Sometimes in males the Urethra and in females the Vagina are irritated. The extent of the inflamation along the colon, can be traced by ascertaining in what parts pain is produced by pressure. When the tenderness is ascertained to be

across the epigastrium and the right side, there is reason to believe that the inflamation has reached the ascending and transverse colon, and the whole of the large intestine is involved.
This disease is always attended with fever, except in very mild cases. The pulse is somewhat accelerated, full and forcible. The tongue moist and covered with a whitish fur, the urine scanty and high colored - skin hot and dry, face slightly flushed, countenance dull &c. At this time the secretions of bile are not so large, and the patient thinks his abdomen swollen and complains of damp skin. This condition may soon pass off, when the acrid secretions descend. Vomiting is very rarely seen in this form, and also cerebral affection is very unfrequent. The disease generally terminates favorably in six to ten days, and

convalescence soon takes place. Whenever the inflammation has been extensive and very severe, symptoms of depression appear at the outset, and the system never fairly recovers. In this case, the same condition seems to exist as in mild cases: but when the nervous system yields to the violence of the first shock, it never fairly reacts under its continued violence. Throughout, the patient has a very small and frequent pulse, inclined to be feeble, a cool, pale and clamy skin, anxious and depressed features, generally a purplish appearance under the eyes, about the lips and nails; while the local symptoms are very violent, accompanied with great tormina and tenesmus, frequent discharges, swollen abdomen, and sore upon pressure. Such cases are very unfavorable, and are seen generally and only in epidemics. In bilious dysentery, almost all cases the bilious secretions are lessened. While in the simple forms of the disease this may be considered as only a necessary —

consequence of the dysentery in same manner as dry skin, scanty urine &c —
This disease is occasionally attended with disorder of the liver and stomach from the commencement, being the result of either identical or coexistent causes with those which produce the intestinal affection. Under these circumstances the disease is called bilious dysentery, and is known by a sensation of oppression in the epigastric region; vomiting increased, occasional yellowness in various degrees of the conjunctiva, skin & tongue dry, urine & fever increased, a greater tendency to delirium, and biliary secretion entirely absent, and condition depraved. This is the complication that renders dysentery so much more violent and dangerous, when occurring in warm climates.
By adynamic dysentery is meant that form of disease which occurs in persons

previously exposed to the action of various depressing causes, such as confinement in ships, prisons, camps, and marching armies, in which exposure to cold and dampness, unwholesome and insufficient food. fatigue &c —

This influence is also caused by certain epidemic constitutions of air. Together with the symptoms of an aggravated degree, are those of malignant typhoid, or scorbutic disease, such as sickness at the stomach and vomiting, great thirst pulse more or less frequent and feeble, tongue dry, black and foul, with sordes about the teeth; skin hot sometimes at others cold. and occasionally marked with petechiae, dark livid spots, and gangrenous vesications. stools sometimes reddish, sometimes dark and much more copious and frequent than in simple dysentery, and excessively fetid, containing coagulable

blood, strength generally and greatly prostrated from the commencement, and lastly various evidences of nervous disorder as anxiety, depression of spirits, headache, rather delirious, and accompanied with much stupor.
These symptoms are not always found in all cases, but are variously mingled, although existing sufficiently to show the character of the affection.
Generally in very bad cases, death seems to await the patient from the very beginning, and in many cases accomplishes its object in a few days —
When the causes of Bilious & Adynamic dysentery unite, there is a combination of symptoms unsurpassed in malignancy by those of any other disease.
In the Intermittent & Remittent forms it is not unfrequently connected with other diseases. In miasmatic countries

ing during the prevalence of epidemic Intermittent & Remittent fevers it is quite an often occurance, in some few cases it comes on as a distinct disease, modi-fied more or less by the atmospheric influence that is prevailing. sometimes in connection with the proper mias-matic fever. Under this condition dysentery may come on as a mere pre-monitory symptom of the disease of the same continuance. or vice versa. When chills followed by fever have showed for 12. 24. or 36 hours. before Colitis sets in. its certainty can be but slightly doubted. These forms are characterized by their tendency to par-oxysms. and during the paroxysm there is more flushing of the face, pain about the head, quite delirious at times, more arterial excitement, than those that gener-ally attend the attack of pure dysentery.

Dysentery has been known to be intermit-
-tent; when coming on paroxysmally and
excessively violent every other day, while
during the intervening day scarcely any
signs of disease.
Under these forms, great care should be
taken in forming correctly our diagno-
sis, as it is very important, because
they require a different course of
treatment. In speaking of the typhous
form, we mean dysentery when associated
with typhus fever. This is depending
probably upon a peculiar poison
which sometimes independently of the [illegible]
of the dysentery with which it is con-
-nected; such cases as these occurring
during the prevalence of typhus epi-
-demics. In rheumatic dysentery
which is spoken of by some authors
it is not I believe distinguishable from
that arising under ordinary

circumstances and from ordinary causes, except in the form of attack, when the inflammation is suddenly moved, from the seat, to the large intestines. Gastritis, enteritis, Enteric fever, and some other diseases, both general and local, may go in with dysentery. It is when complicated with some of above mentioned diseases, that they are somewhat modified. Epidemic Dysentery has been spoken of as a peculiar disease, of a distinct variety, but think according to Dr Frost's theory, as any variety of this disease may occur epidemically which it generally does.

Epidemic Dysentery, are apt to be attended with malignancy, and is much more fatal when it occurs sporadically, or as the result of ordinary causes. <u>Prognosis</u>. In forming a prognosis in cases of dysentery, it depends very much upon the severity of the case,

and the constitution of the patient;
In cases that are mild in character,
and unaccompanied with but a few of the
characteristic symptoms, recover generally
in ten or twelve days; but often proves a
dangerous and fatal disease, especially
in hot climates and crowded situations.
The duration of the disease is a very
important consideration, The longer
the disease continues without improvement
the greater is the danger, and a continu-
ation beyond the fourteenth day is of
itself an exceedingly dangerous
symptom. The immediate danger
is dependent upon the extent of the bowel
attacked, and when tenderness is discover-
ed along its track by pressure.
There is reason to believe that
inflammation is present and the
prognostication unfavorable.
<u>Anatomical</u> Character, Upon a

Post mortem examination of dysentery there is found an inflamation of the mucous membrane of the rectum and colon. This inflammation is sometimes diffuse, affecting the whole membrane, in other cases is seated especially in the solitary glands, or mucous follicles, as shown by the great prominence of these structures. The membrane is much thickened and reddened, and not unfrequently extended to ulceration. In some cases, although the whole of the membrane is covered with a lymph coagulable, and when removed appears red and turned sometimes gangrenous sloughs are found, and cases are mentioned in which very large portions of the mucous membrane have been found removed, probably by a combination of mortification and ulceration.

Ulcers in truth, exist in this disease much more frequently than in any other acute form of inflammation of the Alimentary Canal, Except in the enteric affection of Typhus fever, and Small Pox. In many cases the redness, thickening, and ulceration extend beyond the mucous membrane, and sometimes involve the whole of the parietes of the bowels.

The mesenteric glands are enlarged and inflamed in protracted cases, traces of inflammation have been seen extending entirely through the colon, into the small intestines, and sometimes to the stomach. The liver is also frequently diseased, especially in the dysentery of tropical climates.

In Dr Morris practice we have recorded that upon the examination of twenty five fatal cases, by Dr Davidson

India, been were affected with hepatic abscess. In the adynamic or malignant variety, gangrene is much more frequently noticed than in ordinary dysentery.

Causes. The chief causes of Acute dysentery are exposure to damp air, food which is of an indigestible nature, fermented liquors, and lastly, but not least the action of noxious atmospheres, emanations from ill ventilated and damp apartments. Those substances that are directly irritating the intestine or the bowels are also exciting causes. Under this head may be mentioned unripe fruits, ripe fruits in large quantities, much liquor, weak wine and cider when used to excess, putrid water, drastic purges, [illegible] are indeed all exciting causes.

Dysentery is not frequently

acknowledged, to be capable of producing Dysentery—
Dysentery in this country attacks persons indiscriminately. In summer it is more frequent than in Autumn, and in autumn than in winter, the warmer the climate the more frequent the disease. Strangers are much more susceptible than natives, and persons crowded together in armies, prisons &c. are quite often attacked by this disease. The above mentioned forms are recorded as occurring under that head, which is recognized as Acute Dysentery.

Treatment. The treatment of Dysentery is quite various, according to the knowledge and experience of the Practitioner. A very large number of Medicines have been employed, and many with very successful effects. Many different plans and remedies

have been tried from time to time and handed down to us, as a notice of notions in the treatment of dysentery. The treatment of dysentery must be regulated, so as to meet appropriate to the different symptoms and stages of the disease.
Venisection is not necessarily required in all cases, when resorted to in the adynamic form it may prove injurious. Bleeding at the commencement should be employed when pulse is strong and full, Cups and leeches should also be employed to relieve pain about the abdomen. In mild cases one bleeding is sufficient, it may however be repeated in severe cases, once or twice, sometimes perhaps more. Unless used in the commencement of the disease when pulse full and strong, does not procure any decided benefit. In many

cases life has been lost by persevering its employment for a time.
At the commencement of the disease Emetics have been spoken of as very useful, at the present time they are not much employed, unless the stomach be loaded with undigested accumulations and then is frequently but imperfectly effectual to vomit. Cathartic medicines have when administered properly gained for themselves some considerable praise, and are used to a limited extent in treating all forms of the disease for two very important considerations

1st To free the bowels of all irritating secretions and accumulations, which generally accompany the disease.

2nd To lessen congestion of the portal circulation. To do this it is necessary to select those

mild cathartics, and be careful to
to the use of those when used, produce
irritation and irritate the inflamed membrane
Calomel is much used in this disease
and generally preferred. The great
advantage of Calomel is to stimulate
the hepatic circulation and
secretion by which the blood that
accumulates in the veins proceeding
from the abdominal viscera is
removed. Calomel is very mild in
its action on the mucous membrane
and at the same time it also excites
the liver, which is an important consider-
ation generally arising in the treatment.
Its dose depends upon the severity
of the case, in a mild case from
5 to 10 grs may be given at the
commencement, and followed in five or
six hours, with a dose of oil.
In very severe cases it may be given

in large doses, and repeating several times, with very decided benefit.
The repeated doses should be in smaller doses, by which a moderate secretion of bile is sustained, which ought to be carried off by other cathartics.
Many other Cathartic medicines have been used; but Calomel is one of the best, and most used at the present time. Diaphoretics have also been highly spoken of by some writers, together with the use of the warm bath. The vapor bath has been recommended as a substitute for the warm in advanced cases, is presumed to be highly [illegible] [illegible] [illegible] and strictly attended to, Opium is much used, and highly praised by Sydenham and others. When combined with Calomel it has produced very decided benefit. I have seen it used with much

1.

benefits, combining with sulph. cup. in 4 gr. of former to 1/2 gr. of latter, to be gradually increased, is often used sometimes.
In addition to its specific action in relieving the always present sufferings of a dysenteric patient, causing sleep and bringing about the other necessary desired effects, it also lessens the morbid sensibility of the bowels, to those matters, which they contain capable of setting up a considerable amount of irritation. In giving opium there are many different modes of administration, it may be given very advantageously in combination with the different cathartics or ipecacuanha, the quantity depends upon the symptoms present, the susceptibility of the patient &c.
Mercury has also gained for itself great praise in this disease and is now universally employed.

In giving Mercury it is generally for two purposes. 1st To impart its cathartic properties. 2nd to stimulate the hepatic secreting function. Among the number of alterative remedies, that have been much used, are Plumbi acetas. Sul. ph. Cupri &c which have proved very beneficially, particularly when combined with Opium. Many different acids have also been used advantageously Copaiba and Oleum, Terebinthinae when given in emulsion with Gum Acaciae, have been spoken highly of, and capable of producing very decided benefit, in advanced stage and in chronic form.

The cases of dysentery which are complicated with pathogenesis then requiring tonic and stimulant treatment. Cinchona bark, and its preparations

have been very extensively recommended
The German Physicians & others
have recommended some other medicinal
remedies, as claiming for themselves
some attention in the treatment of this
disease; but having mentioned other
medicines which are more universally
used in this country. These I will not
mention; as it would be impossible for
me to mention all those medicines have
been used in this disease.
As to the local treatment, much has
been said and done. When the patient
and symptoms will not justify venesec
-tion, cups and leeches can be resorted
to with great advantage, particularly
when there is much pain and
tenderness upon pressure, along
the course of the colon.
(Rubefacients) and [illegible]
-tions, injections of astringent

Tinacories, all claim for themselves
some reputation; the following is
an excellent injection, particularly
in chronic form.

℞ Sulph. Zinci gr viij
Aqua ℥v.
Tinct. Opii gtts xxi—

Mix solution, this repeated once, twice
or thrice daily—

In the treatment of a general case
of dysentery, it is best, first to commence
with some mild cathartic, in order to
remove the irritating matters that are
likely to be confined in the alimentary
canal. Tart. Antimony may be given
in early stage, when evidences of loaded
stomach are present, combined with
calomel. If pain be [illegible] one strong-
[illegible] may be employed. The am-
-ount of blood - much depends upon severity
of case, and present symptoms,

If there is great pain, and a hot dry skin small doses of Sulph Magnesia & Neutral salts, combined with forty or fifty drops of Paregoric. The use of opium is almost entirely indispensable, full doses of Dovers powder may be given at night, in the beginning but, later should be used in smaller doses. If there is much pain about the region of the colon, fermentations or cataplasms might be used, Cups & leeches repeated if demanded by increase of pain and tenesmus. Under this treatment if no improvement takes place by the sixth or seventh day the mercurial plan should be adopted, and continued until slight salivation is produced. and at the same time, if the local symptoms are more violent, a large blister should be applied over the abdomen, and properly attended to. The treatment of the other forms of dysentery vary according to their

complications. In Bilious dys-
entery, a more energetic plan of Mercurial
treatment, is required, given in doses from
fifteen to twenty grains, daily. As soon as
ptyalism is produced the symptoms
are very much lessened. Opium may
very advantageously be combined with
Calomel or Blue Mass in this form,
and the local applications also employ-
ed - when necessity requires their use.
In the treatment of the Intermittent and
Remittent forms, the principle indication
is to prevent the return of the paroxysm
To accomplish this, the Sulph Quinine
is one of the best means, given in doses,
from three, five or fifteen grains, according
to the circumstances and exigencies of the case
The adynamic or Typhoid form differs
materially, and requires a different treatment.
Cathartic purgation and venesection are not
allowed when they present this variety

from the beginning. Emetics may at the very commencement, be beneficial, & and sometimes a mild cathartic may be given; but there is generally a too great tendency to diarrhea—

Treatment should be taken to use medicines that are capable of bracing up the system, at the same time acting upon the bowels, The Tinct of Rhubarb, with a few drops of Ol. Terebinthine will answer for this purpose.

The great reliance in this disease, is the Mercurial impression, which can easily be brought about, by giving Calomel combined with opium, two grains of Calomel to one fourth of a grain of Opium, repeated every hour. If the patient be much debilitated and require stimulants, the Carb. Ammonia & brandy toddy can be used— Diet consisting of animal jellies, chicken broth &c— Much depends in most all forms of dysentery upon proper diet. When stools are very frequent and—

attended with much tenesmus, Chalk
Mixtures can be used with very
desired benefit. The Prognosis depends
much upon the treatment.
When a patient receives the proper
medical treatment from the beginning
of any of the above mentioned forms
it may be considered as favorable.
But if it remains from day to day -
symptoms increasing in violence
without being attended, it will certainly
in a great majority of cases, attack so
much of the alimentary canal, that the
proper medical treatment will fail.
In consideration of the Chronic
form of this disease, I shall say
but little, as I have no case to
report of that form, coming under
my own observation, containing all the
predisposing & exciting causes, the
present symptoms, and treatment &c.

Chronic Dysentery is usually accompanied with Gastro Enteritis, and generally the result of the Acute form,
The stools are not so frequent, as in acute form; but much more feculent mixed with Mucous and occasionally with blood. There is generally and most always pain upon pressure, over the extent of the colon, accompanied with great tormina and tenesmus. The pulse, skin, tongue and appetite always more or less disturbed. When the disease is confined to the lower extremities of the bowels, the constitution is not much influenced, and in this way the complaint may continue for weeks, months & even years, without much considerable damage; but will sooner or later fall victim to its influence —
The association of Chronic dysentery with a tuberculous constitution gives great obstinancy to the disease

and in many cases, the inflammation of the mucous membrane of the colon is owing to tuberculous deposit, infusing in the membrane which finally softens and ulcerates.

An autopsy will in most all cases show that ulceration is present together with the accustomed appearances of inflammation, cases are reported, where ulcers have been found in a perfect state of cicatrization and others, entirely cicatrized, rendering it possible that patients may recover under this form of disease, after there has been ulceration of the mucous coat. In the treatment of this form, proper diet is one of the most important considerations. Occasionally bleeding is sometimes of benefit when there is a full and strong pulse &c. Hot baths. The use of [illegible]

and Ipecacuanha, Alteratives &c are very beneficial. Sulphate Copper combined with Opium has been used successfully. I have seen it used beneficially in Balto Infirmary. — When there are evidences of Ulceration injections are of great use, and after this disease assumes an asthenic form, tonics are resorted to, and great care should be taken as to exposure to cold, for the patient must necessarily be much debilitated and very susceptible to the attack of Bronchitis or Pneumonia.

The treatment of this disease will be more fully seen in the following case reported, occurring in Balto Infirmary.

Michael Scallion. Twenty five years of age, Labourer by occupation. Admitted 12th September 1836 – Sick at that time three weeks with Chronic dysentery.

This patient, before entering the Baltimore infirmary, had been troubled, I believe three weeks previous, with symptoms of Chronic dysentery. And had complained of weakness about the head, and pain in lower extremities for seven weeks previous to his three weeks confinement; but without any positive symptoms of dysentery, either acute or Chronic.

As soon as confined, that is during the three weeks previous to entering the house, the symptoms of dysentery were quite manifest.

During the six weeks that he complained of weakness about the head, and pain in lower extremities, he received no medical treatment, and was obliged to labor daily [illegible] and [illegible] exposed more or less. At this time, he was [illegible] in a neighborhood where Bilious fever was quite an often visitor, and fearing the attack of Bilious fever he took some of [illegible] Vegitable pills, and I believe to some extent he also [illegible] half pint of whiskey a day, [illegible] by this, he would keep off the fever. About being the same time [illegible] [illegible]ptoms of Dysentery began to approach, During this time he received no medical treatment: [illegible] as soon as confined to bed, the [illegible] of a Physician were procured. What his treatment was

at that time. I was not able to
ascertain, except that the medicine
he took were in pills, one pill every
four hours, and also Tinct Opii
gtts XXV at the same intervals —
From this treatment, he received no
benefit, whatever, according to his
statement, as his stools were more
frequent, than earlier in the disease.
At the time he entered the house his
stools were frequent and bloody,
attended with much tormina and
tenesmus, His tongue coated with
a thick fur, Countenance dull,
abdomen sore to the touch, and pulse
soft and quick. There was also
tenderness along the track of the
whole large intestines. He was
ordered the following.

℞. Ext. Gentian ʒ gr xxiv.
Argenti Nitras gr ʒ ij
Opii Pulv gr vj —

Infl, Blue Pill — Mercury the throne,
In this prescription the ext. Gentian
was given for its tonic properties, being
an excellent tonic in this disease and
combining with argenti nitras as given
in above formula. The nitras argenti
for to subdue the irritation of the intes-
tinal canal, owing also to its tonic and
sedative properties. This article
when given in large doses produces
heat at [?] the fauces, nausea,
griping pains &c, occasionally at times
purging and vomiting — but when
given in small quantities is sensible
[illegible] of this being absorbed.
but the impression which is made
on the nerves of the stomach are
soothing and tonic. From this time
up to the sixteenth inst. this treatment
there was but little improvement
in the symptoms. At this time

having discharged some scybalae,
and believing that the diarrhea was
in a great measure owing and depen-
-ding upon these irritating matters
in the canals, she was given

R. Ol. Ricini ℥i
Spir. Terebinth gtts xv—
Muc. Solution, Taken at once—

After the action of the above prescription
the faeces being composed of scybalae, it
was believed that the inflammation was
circumscribed and situated in the lower
bowels. In this prescription the Castor
oil, being a very gentle cathartic,
was given to remove these irritating matter
from the canal, and the Spirit Terebinth
was added to check a too free action
of the oil — On the same day he was
also ordered the following [illegible]
Injection — given with a little starch
every four hours —

R. Zinci Sulph ʒj
Opii. Tinct. gtts xv
Aqua ℥ij

Also the following to be given at the time the injection was removed-

R. Ext Nux Vomica gr viij
Aq. Ext Opii gr iv
Infs. Petal ℥ij, One to be taken every four hours. The above injection was given for its anodyne and astringent properties there being a great amount of irritation and inflammation among the bowels. The Nux Vomica is classed in Materia Medica under the head of Excito-Motor Stimulants. There are several points connected with its modus operandi. It has been used [illegible] with very decided benefit in many diseases. It is much praised in Paralysis, Amaurosis, Chorea, Tetanus, Epilepsy, Hypochondriasis, Hysteria, Neuralgia.

and many others. On account of its intense bitterness, it has been resorted to as a tonic and stomachic in Dyspepsia especially when this affection depends on, or is connected with, an atonic condition of the Muscular Coat of the Stomach. It has also gained for itself much praise in Dysentery particularly when of an epidemic nature.

Hagstrom says he has found its value in some hundreds of cases, and his report confirmed by [illegible], [illegible] and others.

During this time whilst under this treatment, he was somewhat improving and was under the charge of Prof. [illegible] Mittenberger(?), who during his [illegible] called attention of the Medical [illegible] to the [illegible] he was seen by [illegible] and his previous treatment was stopped. The [illegible] this [illegible] were [illegible]

and attended with much tenesmus.
Countenance dull and pale. Pulse frequent and weak, and was ordered the following:

℞ Cupri Sulphas.
Pulv. Opii. aa gr ½.
Misce ft. Pilul. I. One to be taken every four hours, and also the following as a chalk Mixture,

℞ Mistura Cret. ℥ii
Spts. Ammonia ʒi
Opii Tinct. ʒi
Aq. Cinnamon ℥i
Aqua ℥ii

Misce ft. Solution. Tablespoonful after each operation —

The Sulphate of Copper used for its astringent properties, it being an excellent one, and then acting as a [illegible] for its [illegible] disease. When combined with Opium it has been highly [illegible] of [illegible] [illegible] recommended in this disease —

The Sulphate of Copper when given in large doses produces vomiting, larger doses a poisoning; but in small doses as above prescribed we tonic and astringent.
In addition to the Chalk Mixture he was ordered:

R. Gallae Pulv. Alepp. – ʒss.
Cinnamomi Pulv. – ʒj.
Aqua fervent – ℥j.

Fiat solution. Dose ʒj. after each operation with teaspoonful of Paregoric.
This treatment was continued without much improvement up to the twenty seventh, when he was ordered the last prescription. The Gallae Pulv. Alepp. being one of the strongest direct astringents. His diet was confined to Lime water and milk – the proportion being one to two of latter – From this time was some slight improvement –
On the 29th the Gall solution was discontinued and also the above chalk mixture –

As a substitute for the above Chalk Mixture, he was ordered, —

Chalk
Esch Catechu aa ℥ij
Gum Arabic ℥j
Sugar ℥j
Cinnamon water ℥j
Aqua ℥ij

M. ft. Solution — Tablespoonful after each operation. During Mission, the treatment consisting in nothing more than the Pepper and Opium pills, and last Chalk Mixture, together with the Castor oil.

On the 30th Much better. Medicine continued.

" " 31st Countenance brighter, pulse stronger and stools slightly checked, but still some tenesmus.

Nov 1st Symptoms somewhat worse from some cause or other — stools mucus and more frequent, containing clumps — much pain in chest. The same treatment continued

ing injections of Starch and Opium were
[illegible]. From the use of these injections
the pain in the lower bowels were much
relieved - my symptoms improved -
they were repeated every night, sometimes
during the day, when pain very severe.
On the 6th something better - treatment
continued - also injections -
9th In addition to diet, essence of beef was
given him ... drink.
11th The essence of beef stopped.
12th Improving - pulse 90. stools firm.
Finding that under this treatment he was
gradually improving - it was continued,
increasing the dose of Sulphate of copper
to 1/4 gr.
26th The Copper & Opium pills stopped, and
... given
R. Plumbi Acetas gr iij
Pulv Opium gr j
Sig. ... the ... —

There was adding a little flour to milk ah Dennis - Injections still continuing - the pain being quite severe during and after operations -

27th Much improving - Pulse natural -

28th Still improving - Medicine continued,

Dec 1st Up to this time the patient was still improving - and the same treatment continued until on the fourth, when the Chalk Mixture was discontinued and the following substituted -

R. Chalk
Logwood āā ʒij
Sugar
Gum Acaciae āā ʒi
Cinnamon Water ʒij
Aqua ʒiij
Spirit of Nitre ʒi

M. ft. Solution. Tablespoonful after each operation -

In the above prescription the Logwood

was substituted in place of the Catechu,
it being a greater astringent in this case.
The fresh prescription was used but a
short time; but good effects were seen from
its employment — [illegible] at this time was
very much improved — walking about in the
Ward. On the 5th thinking himself well,
he very thoughtlessly exposed himself —
by standing at one of the windows of the
Ward, while dressing himself, and also washing
his feet, sitting down upon a wet seat,
whilst bathing his feet —
On the 6th the day after the above
exposure he was taken much [illegible] [illegible]
upon examination was found to have
Bronchitis — He was seen during that
day by Dr [illegible], and treated accordingly
℞. Eupatorium
Senega aa ℥ij to aqua Oj —
two ounces every two hours —
At this time all previous treatment

was stopped, mustard Plasters were placed over the chest.

8th little better. Treatment continued. pulse rather weak

9th worse. Pulse quick and weak - 120 per minute - Infusion of [illegible] and Senega stopped, and put on

℞. [illegible] [illegible]
Bicarb Sodae ʒj
Vinum Ipecac ʒvj
Syr. Simpl ℥x
Aqua ℥ij

M. ft. Desertspoonful every two hours -
The bowels very bad, chalk mixture continued -

11th Feels worse than before, continues [illegible], inclined to sleep face very much flushed. Pulse quick 130. very feeble -
During the day he seemed to be getting worse and worse as night came, he became very weak, bronchitis very [illegible] -

After this patient was attacked with Bronchitis there was found upon Examination congestion of the whole bronchial tubes, causing excessive dyspnea, and a slight constriction of the chest. Respiration hurried, cough dry and painful, after which expectoration commenced, at first, of a dry mucus, afterwards became opaque, slightly increased and purulent. There was also much fever. When the expectoration began, the painful symptoms somewhat abated. Inspiration was attended with much difficulty, together with the wheezing sound, and there were signs of a defective aeration of the blood, such as, purplish appearance of the face and extremities, skin cool &c. In this way he continued during his attack, appearing something better at times. Until death with its iron clutch grasp, came upon him, and consigned him to dust, "whence from whence no traveller returns"

On the 11th of December, the day he died. I found upon a Post mortem, those traces of disease, which are always found after death, of Chronic Dysentery; such as inflammation and ulceration of the rectum and colon, extending from the anus, entirely up to the Ileo-cæcal Valve, which of itself would have soon destroyed life, unassisted by Bronchitis, and in defiance of all medical treatment.—

Finis.

Fractured.

A fracture is solution of continuity of bone. The bones are the organs of support to the animal frame; they give firmness and strength to the entire fabric, afford points of connection to the numerous muscles, and bestow individual character upon the body. In the limbs they are hollow cylinders, well adapted to support weight. Bone is composed of about one-third animal substance, and of two-thirds of earthy and alkaline salts. Bone immersed in muriatic acid loses its earthy matter — becomes soft, but does not lose its tenacity, it can be tied in a knot. Again, if bone be put in fire the animal matter is taken away; the bone does not lose size, but becomes very hard. In old persons bone become very brittle, and consequently easily broken. Bones are divided into long, flat and irregular

The long bones are the most liable to fracture, because they are more exposed, and also have a greater amount of leverage. The entire skeleton of the adult man is composed of two hundred and fourty-six distinct bones. If a bone is broken in one place only it is a simple fracture; if in more than one place it is a comminuted fracture; if the soft parts are injured, and the wound communicates with the fracture it is compound. And where the soft parts are injured, and the external wound communicates with a comminuted fracture of the bone, it is a compound-comminuted fracture. An impacted fracture is one where the bone is broken and one of the fragments driven forcibly into the other. A simple fracture may be rendered compound by the same injury which broke the bone, by the bone being thrust through the skin, or by ulceration or sloughing of the integuments.

The predisposing causes of fracture are old age, certain diseases, original conformation &c. The exciting causes are two: mechanical violence and muscular action. Mechanical violence may be direct or indirect. It is said to be direct, when it produces a fracture at the part to which it is actually applied. It is said to be indirect, when a force is applied to two parts of a bone, which gives way between. The latter is what is termed counter-stroke. We have also a crushing sort of violence, intermediate between these two, such as a cart-wheel passing over a bone. The bones most commonly fractured by muscular action are the patella and olecranon; but other bones may give way from this cause if preternaturally weak. The long bones are (as we have before stated) much more liable to fracture than short ones, because of their greater amount of leverage, and because

they are more exposed. They may be broken by direct, indirect, or crushing violence. When by counter-stroke it is apt to be a compound fracture, by the bone being thrust through the skin. Though we sometimes have compound fracture by direct violence. In simple fracture the limb are sometimes not displaced, the patient is able to walk and is not aware that the limb is broken. Simple fracture sometimes take place without much injury to the soft parts. Though in most cases there is more or less injury sustained; and in some instances the injury done is so great as to require amputation - such injury as the laceration of muscles, large blood-vessels and nerves. Fracture may also be complicated with dislocation. The essential symptoms of fracture are deformity, such as binding or shortening of the injured limb, preternatural mobility,

crepitus &c. If the broken parts are displaced they must be drawn into their natural position, otherwise no crepitus will be detected. In addition to these symptoms there will be more or less pain, swelling, ecchymosis and helplessness of the injured parts. Sometimes there is fracture without crepitus, - and sometimes crepitus without any fracture. In bones that are fractured near joints there is little or no crepitus. Crepitus without fracture is caused by the rubbing of joints or muscles. The process of reunion of bone is very slow: by good management a great deal may be done, but with bad treatment as much mischief. If nothing be done a great deal of callus will be formed out. When there is much displacement of the bone and no displacement - there will be little or no callus, but the bone will be united

by first intention, as it were. This callus is formed by the tendency that the bone has to form new bone — a scapula may, for instance, be torn away and a new one formed instead.

The two bone ends, the vessels will bleed, which blood coagulates; serum and lymph will also be deposited. This in two or three weeks becomes converted into a cartilaginous capsule, called provisional callus, which completely surrounds the fracture, and adheres firmly to the bone above and below it. In two or three weeks more the provisional callus ossifies, and the use of the bone is restored. This is what is termed the internal callus. But this is not all; after a while, an internal callus is formed and the bone is firmly united. Then the process of absorption goes on, and nature restores the normal structure of the bone by removing the internal

callus. But sometimes there will be a degree of the external tumor left, on account of not being properly adjusted and supported.

Nature will, sometimes, unite broken bones under the most unfavorable circumstances. The apparatuses used by a great number of Surgeons are of more harm than good. In some cases of fracture, though rarely, on account of the constitution of the patient, and not the fault of the Surgeon, union does not take place; and we have what is termed false joint. It is sometimes difficult to place the parts in apposition for several reasons, as from muscles and other soft parts being between the fragments. The reunion of fractured bones will require different lengths of time according to their situation; the arm and fore-arm three or four weeks, the thigh seven eight.

Particular Fractures.— Fractures of the nasal, Malar, and Superior Maxillary bones may be produced by violent blows or falls on the face. Fracture of the lower jaw may be caused by violent blows; it most often takes place at the middle of the horizontal ramus. Sometimes, though rarely, it occurs at the symphysis, and in this case it is caused by a counter stroke. Sometimes it is a partial fracture by the breaking off of the alveolar process, and tearing this process with the teeth in it into the mouth. The fracture of the symphysis is caused by lateral pressure. In fracture of the chin there is sometimes a wedge shaped piece of bone broader behind than in front, broken off and driven backwards. The diagnosis is easy in case fractured by the displacement of the parts, pain, swelling &c

Treatment. - The displacement of the nasal portions should be rectified as soon as possible; in fracture of the nasal bones by passing a common steel sector, well wrapped, up the nostril in order to elevate the bone; but no irritating substance should be allowed to remain up the nostril. In treatment of fracture of the lower jaw the four-tailed bandage is one of the best applications. Fracture of the ribs is generally situated in their anterior half, and is commonly caused by direct violence, though it is sometimes caused by indirect; as for instance, when the chest is violently compressed between two points. Symptoms - Pain, aggravated by inspiration, coughing, or any other motion. Crepitus may be felt during the act of inspiration, and the patient is sensible of it likewise.
Treatment - Confine the patient in bed and

prevent all motion of the ribs: obviate inflammation by local bleeding, low diet purgatives &c.
Fracture of the Sternum we seldom meet with; though it does sometimes occur. Fracture of the Clavicle is very common, especially in children; and most frequently takes place at the middle of the bone. It is generally caused by a fall on the shoulder; sometimes, however, by direct violence as by a quick smart blow. The diagnosis of this fracture is easy; the shoulder sinks downwards, forwards and inwards; the distance from the acromion to the sternum is less than it is on the sound side; and the patient is unable to lift the affected arm. In the treatment of this fracture we use the wedge-shaped bandage in the axilla, with the large edge uppermost. Then bandage the arm snugly to the side, and support the elbow by a sling, which

should also support the forearm. The shoulder is thus kept upwards, outwards, and backwards.
Fractures of the Scapula.- The body of this bone may be broken across by great direct violence. It is said sometimes to be broken by muscular action. The symptoms are pain in moving the shoulder, and crepitus. Treatment.- A roller to be passed around the trunk, and a few turns around the humerus so as to fix the arm firmly to the side, and prevent all motion.
Fracture of the neck of the scapula is very rare.
Fracture of the acromion is known by the shoulder being flattened, the fractured portion being drawn down by the deltoid muscle; also by tracing the spine of the scapula.
This is also a rare fracture. Union is almost always ligamentous, owing to the difficulty of keeping the parts in direct apposition.

Treatment.- The same appparatuses are to be used as for fractured clavicle, except the pad in the axilla; great care being taken to keep the elbow well raised and supported, so as to keep the humerus against the acromion. Fracture of the coracoid process is rare, it is caused by smart quick blows on the front of the shoulder. Symptoms.- The patient is unable to bring the arm upwards and forwards- and motion and crepitus of the detached process may be felt. Treatment.- The humerus must be brought towards and inwards, so as to relax the biceps and coracobrachialis muscels, and confined to the trunk. Fractures of the Humerus.- Fractures of the anatomical neck are common in children, and are caused by falls on the elbow. Diagnosis.- The limb will be shortened,

and the shoulder present an angular appearance. The head of the bone goes downwards and inwards, and the tubercles go upwards. There will be a depression just under the acromion process. The patient is unable to raise the arm to the head.

Treatment.— Pull the elbow downwards and push the head of the bone upwards and outwards. The elbow must be carried outwards by putting a wedge-shaped bolster to the inside of it, with the base downwards, and bandaging it to the side. Fractures of the surgical neck are much more common, and generally happen to old persons. They are most frequently caused by counter-stroke. Diagnosis.— The limb is shortened,— the superior extremity of the inferior fragment is drawn

forwards, by the action of certain muscles, in front of the shoulder. By putting your fingers in the axilla and grasping the upper fragment, and with the other hand the lower, crepitus may be heard. Treatment.- The wedge-shaped bolster to be used, with the base upwards in the axilla,- and bandage the elbow to the body. Splints are of no use for they cannot grasp the upper fragment. Fracture of the shaft of this bone may happen by counter-stroke, direct violence, or by some heavy body passing over it. Diagnosis.- The limb will be shortened and bent,- the patient will be unable to raise his arm, and crepitus will be heard when the fragments are moved on each other.
Treatment.- Place the parts in apposition by drawing the elbow downwards, whilst the sho

ulder is supported. A long splint to be placed on the inside, extending from the apilla to the inner condyle; - a similar splint on the outside from the acromion to the outer condyle; and we may put two others, one in front, the other behind. These splints to be well padded or wrapped. Lastly, the limb to be snugly bandaged, - the hand and forearm being supported by a sling; but the elbow is not to be raised up. Fractures of the lower extremity of the humerus are various. The most common of which is an oblique fracture just above the condyles, - and generally happens to children. The upper fragment is carried forwards, and sometimes wounds the vessels and nerves in this situation requiring amputation. The diagnosis of this fracture is difficult - sometimes, at first glance it looks

like a dislocation; – but the natural appearance of the parts is restored by extension. The limb will be shortened, and a little way above the joint and behind there will be a depression, and in front and a little lower down there will be a protuberance. This fracture often results in deformity. Treatment.– The parts to be supported by an angular apparatus – one that will grasp both arm and fore arm, being firm at the joint, and reaching from the shoulder to the wrist. Either condyle may be broken off; and the fracture may or may not extend into the joint. There may be fracture between the two condyles, or they may both be broken from the shaft. These fractures are generally comminuted and very difficult of recognition. In fracture through the pulley

the condyles are spread out and separated from each other, that is, the joint is broader than in the sound arm. Treatment.- The angular splint to be employed, being careful to give lateral support to the condyles.
Fractures of the Forearm.- Fracture of the Radius is common, and may take place by counter-stroke - which is most common, or by direct violence, or by some heavy body passing over it. Suppose it to be broken at its upper third - in this case the upper extremity of lower fragment will be pulled foward; and by grasping the limb at the wrist and pronating and supinating it we find that the head of the bone does not move on the ulna as it should.
Treatment.- The forearm is to be flexed, and the angular splint applied.

The most common is fracture near the wrist, and is caused by falls on the hand. It is generally a transverse fracture. Diagnosis.- In this fracture both of the fragments incline considerably inwards, towards the ulna and leave a good deal of deformity - The Ulna is pushed in some degree from its place. Treatment.- You take hold of the hand and make traction, the arm being held firmly by an assistant, - the hand is pressed in the opposite direction forcing the upper end of the lower fragment outwards. We then apply splints that will keep the hand in this position - with a graduated compress between the Radius and Ulna. Fracture of the Ulna may take place by counter stroke, direct violence or by the action of powerful muscles.

It is generally easy of recognition. When the olecranon process is broken it may all be broken off, or merely a tip of the bone. In this latter case there is more deformity than when it is all broken off and the fracture extends into the joint. Ligamentous union only will take place. Treatment.- The arm to be extended, and splints applied - the patient put to bed and the limb abducted from the body). - The splints are to be removed in a week to prevent anchylosis of the parts. Fractures of the shafts of both bones often take place, and generally at the same point, though not always. There is very little difficulty of recognition, and are treated with less degree of deformity than when but one bone is broken. Treatment.- In this fracture two long splints

with a graduating compress is to be used to prevent the fractured ends from being pressed inwards towards the interosseous space. The limb not to be bandaged before the splints are applied. The forearm is then placed in a wide sling, in a position between pronation and supination. Fractures of the bones of the Carpus are exceedingly rare: they are sometimes crushed as by a carriage passing over them, and in that case the soft parts are so much injured that amputation is necessary. The bones of the Metacarpus are occasionally broken by either counter-stroke or direct violence — much more frequently by counter-stroke, and the bone of the ring finger is the one most commonly broken. Diagnosis — We have pain, swelling crepitus &c — There will be a depression in the

palm, and a protuberance on the back of the hand. It is to be healed by splints cut the shape of the hand, and applied tight with compresses between. Fractures of the fingers are rare. Treatment.- By a thin splints or splints. Fractures of the Pelvis are caused only by great violence, and are often attended with some fatal complications; such as rupture of the bladder, rectum, or some of the great arteries or vein. This is not a fracture of common occurance. The female pelvis is more easily broken than the male, on account of its form. The most common fracture is from the great sacro-ischiatic notch to the crest of the ilium. Diagnosis.- The patient is perfectly helpless, unable to walk or sit, or change his position in any way. When you grasp the

sides of the pelvis and endeavour to spread it the patient suffers great pain, — but when you press the fractured parts together the pain will be relieved. Such fractures generally inflict great injury to internal organs, causing considerable effusion of blood. If blood is discharged from the bladder or rectum it indicates rupture of those organs.

Treatment. — Place the patient at perfect rest, and in as easy position as possible: the pelvis should be supported by a strong towel being passed around it, and if the patient is relieved it will do good, if not it should be removed. We should obviate bed-sores in these fractures of the pelvis.

Sometimes merely the anterior spinous process is broken off. We ascertain this fracture by the action of the muscles, and by grasping

the process with the hand. Treatment.- Flex the thigh and keep it well supported on pillows. The Os Innominatum is sometimes fractured, in young subjects, through the acetabulum, by separating the bone into its original three parts; - or the head of the femur may be driven into the acetabulum. The diagnosis in these cases is very difficult. Treatment- Get the limb down as well as possible, and bandage the knees together, with a bolster between the thighs. Fractures of the Femur are common, and present many varieties; as fracture of the neck, of the shaft just below the trochanters, of the centre of the shaft, and of the condyles. Fracture of the neck may occur either within the capsular ligament, or external to it. This fracture often happens to old persons, especially old women;

and is generally caused by falls on the hip; it may however, be produced by counter-stroke, as when one comes down with considerable force on his feet or knees. This fracture is very difficult of recognition; the most important signs do not take place for several days. The patient is unable to stand, and suffers great pain. The limb is from one half to two inches shorter than the sound one, the toes are turned outwards; the heel resting in the hollow of the other foot. Bony union does sometimes take place within the capsule; but it is generally ligamentous. In fracture through the great trochanter there are no general rules for recognition. Fracture of the neck of the bone between the greater and less trochanter is caused by counter-stroke. The limb is shortened, and crepitus may be

felt and heard. Fracture just below the lesser trochanter is difficult to treat, and liable to be followed by deformity and non-union because the upper fragment is tilted forwards by the action of the psoas and iliacus muscles. The upper fragment being drawn upwards and forwards, the lower one is drawn beneath it, shortening the limb some two inches. As we cannot bring the upper fragment down the lower one must be carried up to it and kept so. In fracture of the middle of the bone the abductor muscles of the upper fragment and the adductors of the lower form a protuberance on the outer side of the limb, and considerable distortion is not obviated in a proper manner the displacing down in bed will make the protuberance, and consequently the shortening, the

greater. The limb should not be kept in a line with the body, but should be left swing outwards. In fracture of the bone just above the condyles the lower fragment will be dragged down by the gastrocnemius muscle, and the upper fragment will override the lower. The leg should be flexed upon the thigh, and the upper fragment pressed downwards. Fractures of the condyles sometimes happen - of which the internal is most commonly broken, and is generally caused by a violent stroke.

Fractures of the Condyles into the knee-joint occasionally take place, and are most frequently caused by the patient being thrown violently against some hard unyielding substance; as from a car or carriage against a log of wood or heavy stone. This fracture is generally compound or comminuted ie-

quiring amputation. The best apparatus for the treatment of fractures of the thigh is the Anterior Splint, invented and used by the learned Dr. N. R. Smith Professor of Surgery of the University of Maryland. This splint is particularly adapted to the treatment of Compound fractures. Some of the many advantages of it are, that it gives perfect support to the limb and is easy and comfortable to the patient. It is so adapted as to allow the limb to move freely with the body and by the traction kept up by the cord the limb is constantly extended, thereby obviating shortening. Fracture of the Patella. This fracture is caused sometimes by violent contraction of the extensor muscles attached to it, as for instance, when a person who has his knee much bent

under him, and is in danger of falling, tries to save himself by throwing his body forwards. The involucre is torn and the fragments are separated from each other. It is also broken by direct blows on the bone, as by a person falling with the knee on a rock or something of the kind. Treatment.— Place the limb in a straight Anterior splint with a compressalore and below. Fractures of the leg may be readily distinguished by careful examination. Fracture of the lower end of the Fibula, about three inches above the ankle-joint, is the most common fracture of the leg, and may be caused by twists of the foot, or by jumping on a rolling stone or uneven ground.
Treatment.— The foot to be carried inwards and bandaged to a well padded splint which is applied to the side of the limb

opposite the fracture. In ordinary cases of fracture of the leg, we may use with advantage, either the Starched apparatus or the anterior splint. Fractures of the foot will often be attended with so much other mischief as to render amputation expedient. But an attempt should be made to save at least, the ball of the great toe. The Os Calcis is occasionally broken. In that case the tendo Achillis is drawn up by the action of the gastrocnemius muscle.

Treatment. Flex the leg on the thigh and place the patient on his side in bed. Bones of the Tarsus are rarely broken. Bones of the Metatarsus are sometimes broken by some heavy body passing over them, or by counter-stroke, as by striking the foot forcibly against some hard unyielding substance.

An

Inaugural Dissertation

On

The Medical Sciences.

Submitted for Examination

to the

Provost, Regents and faculty of Physic

of the

University of Maryland.

For the

Degree of Doctor of Medicine.

By

W.m Henderson. McDowell

of

Philadelphia.

Pa.

Preface

After having sought — a long time — for a disease, upon which I might write some original thoughts. — And finally recollecting the fact, that I have had no experience in the treatment of diseases. I concluded that I might seek — without practical knowledge — till the end of life, and then be forced to exclaim with Solomon that "all is vanity and vexation of spirit!

Not desiring to copy a subject. — And, hearing considerable about the ability of a fool to practice [illegible] in [illegible] in language which the following will exemplify. — We [illegible] had them [illegible] with various degrees of intelligence — good, [illegible] bad and [illegible]. Of the first, [illegible]

of the next he makes a Preacher, and of the fool he manufactures a Doctor. This notion not agreeing with the Opinion of the Medical Science.— I came to the conclusion to write a Thesis in reffutation of so erroneous an idia.

In my subject I have considered very briefly the Capasity of a man to enjoy the pleasures of life — with good health — under ordinary circumstances; and also with health lost — the utter impossibility of the same enjoyment under the most favorable circumstances.—

After which I took into account the Medical Science, considering it as a sun in the Scientific world, its relation to humanity in Suffering; and hinted

that its doctrines might be [illegible] in health. I have, also, endeavored to present the character that the Physician should possess:— in such terms — as will show that the Medical Science and the Quack are incompatibles.— No matter in what shape he appears— he doesn't belong to the Medical ranks. If he is in the Science;— He is not of it.— He is a Bastard.

I regret that I have had no time to prune the Composition. I fear that there may be a number of errors in Languag and punctuation. If so— I will feel very grateful to the [illegible] [illegible], if they will look at them through Charitably Eyes.

January 1857.

Introduction.

With perfect health — a Man is prepared to enjoy life with pleasure, and with cheerfulness; and while in ~~this~~ possession of this excellent frame of mind, is not only easy in his thoughts, but may be perfect master of all the powers of his soul; his imagination may be always clear; and his judgement undisturbed, His temper is even and unruffled, whether in the active world or in solitude. — He comes with a relish to all those goods which nature has provided for him; — tastes all the pleasures of the Creation which are strewed in his pathway, and does not feel the weight of those evils, which may befall him, he may have the storms of life in the shape of poverty to contend with, Yet if health continues, he feels that he has a sun to

light and cheer[illegible] in the gloom of ci-
-rcumstances, and hence does not repine; but steadily holds on his course, unmoved [illegible] the laugh, the scorn, and the ridicule of the opulent.— So the [illegible] rears its head above the waves, and [illegible] regardless of their idle foaming while the storm rages around:— So he stands up in his healthy manhood, fearless [illegible] storms.

And on the other hand, I may say—with truth—that without health, there is no man—no one who can fully enjoy the pleasures of life,—[illegible] how [illegible] he may be, how much he may be [illegible]-ed with the splendor that art can cre-ate, and that nature can give — [illegible]

-world it is gaudy nothingness.

Take for example; a man in moderate circumstances with good health, and see how he may enjoy life.— He is happy for a very good reason — he has none of afflictions common to poverty, troubles to contend with. If he has ambition for a high degree of intellectuality — he finds that there is plenty of material about him to satisfy his wants; and while all is happiness and glorious sunshine around him, his mind perhaps turns towards the source from which these blessings flow; and he learns that it is God.— In the next thought Curiosity is excited to know the nature of this being to whom he owes so much. For satisfaction he goes forth in to history

beautiful fields.— He is met on every hand with evidences that appeal to his *senses* in language beautifully true. He *feels* in every pleasurable sensation that pervades his body that *God* is love;— for Nature has touched him ~~[illegible]~~ with her splendid grandeurs. He reaches forth— and is met by Nature's bountiful hand— which bestows liberally— some of her most choice gifts.— He eates, and finds that their sapid substance forms the daily food which nourishes and sustains him. Therefore, he *tastes* that *God* is love.— The fragrant perfume from the ornaments of the vegetable Kingdom— teaches him that it is even possible to smell that God is love.— The songs of every birds— filling the air with musical praise

until their [illegible] fall upon his ears. And thus, he is taught to hear that God is love. And again.— The beautiful trees— homes of the pets of God's creation— the delicious fruit;— the lovely birds— discoursers of— heavenly music;— the green fields beneath, and the blue expanse above.— And the glorious Sun Set— all! all!— speak in distinct language uttered to the eye— and thus teaches him unmistakably that he can see that God is love.* And why is this enjoyment?— Why all this delight? — The reason is obvious— He is in possession of the secret spring of all pleasure— and of the greatest favor that heaven can bestow on humanity— by health.

But now, let us view him. Had

* [illegible] at my elbow — says [illegible] theological in the subject. [illegible] — that it is but one of the [illegible] which man [illegible] — while in the possession of perfect [illegible]. And is not a theological [illegible] as good as any?

other circumstances, which may produce quite a different condition of affairs. Wealth accumulates. — He becomes surrounded with new associations, — Companions perhaps who forget their God, and also all that belongs to human virtue — the force of association leads him to neglect his pleasant walks in Nature's fields, and to forget his God as well as his health. — In a word he sees everything around him "golden lined" and "silver bound". — Mind being filled with ecstatic rapture — he concludes to enjoy the delights of the luxury which art had created without going to seek them at the [illegible] board. — He luxuriates according to his resolution, and in a few years is awaked from his sad delusive dream

to realize that his health is ruined.—
Memory of the past returns— and he re-
-solves to try again the loveliness of Nature.
He visits her fields while they are flourish-
-ing as before.— But alas; with what dif-
-ferent emotions— No pleasure touches
his sensibilities— her fruits have
no deliciousness to his taste— Her
flowers have no fragrance;— Her birds
have no songs of joy for his ears.—
The sward around him looks dull and
cheerless.— The blue vault above has
the aspect of the top of a leaden
Coffin— dull and gray.— And the sun
sinks below the western horizon wit-
-hout leaving a trace of beauty to please
his eager gaze.— With earnest anxiety

looks, he seeks to know the cause, & he asks why all this change?— they tell me that, Nature looks as beautiful as when I gazed upon her beauties last— O! then, why this change?— "I see it all!"— My senses are blunted— My health is gone; — is ruined!— I have wealth, honor, and affluence; but they have no attractions for me— I cannot enjoy them!— O! if I had a thousand worlds at my command and for them could buy my former self — I would give them all!

Thus we see that it is possible to learn by sad experience; that, without health — everything in nature — even in the very lap of greatness, may become bitter, dark, and dispiriting: While on the other hand

(even in a contracted sphere) all things around us in nature may become great noble, beautiful, and invincible.

If ill health was always the result of our own folly — then we would deserve the rod that afflicts us. And I would have a poor argument for the necessity of a Medical Science — but this is far from being the case. There are Millions of God's humanity who have not the power to avert influences which are the causes of disease. Here the remark of Buckminster applies with force. — The shafts of disease shoot across our path in such a variety of courses, that the atmosphere of human life is darkned by their number and the escapes of

an individual there was almost miraculous.

With this fearful condition of things — is there no necessity for [illegible] — which will teach men the use of means that will enable them to battle with force and manly energy — the elements of disease and death? I answer, Yes! Yes! there is a demand for such a Science. It is called for by suffering humanity everywhere. — It is the invalids only hope. — While he is within bounds of its medical virtues, he feels that his life is not so clouded by misfortune, that he is left without a ray of hope. — He sees that a star is [illegible] through the darkness, which, pale as it may be, is the light that lights him home.

The Medical Science.

After the remarks in the introduction for the purpose of showing the necessity of a Science which can be made subservient in the promotion of human happiness in comforts, by relieving pain or abating its violence;— by repairing injuries,— by controlling disease, and by averting death:— My Mind has naturally turned to the Medical Science — which is the only one that has in itself the elements of accomplishing such desirable good.—

Here I shall take the liberty to depart a little from my subject, to meet a contingency

If My Brethren in dentistry would ask me why I made this qualification when I said or claimed that the Medical Science is the only remedial one; — I would

answer — that I know no difference in the Object of relieving or abating the violence of pain arising from diseases of the teeth; and that arising from diseases of other parts of the body. — The Object in both instances is to do good — to relieve suffering. — I know no difference in the honor due him who prepares a mouth with teeth that will perform their function as helpmates in the process of digestion, — and him who performs the operation for strangulated hernia, or artificial Anus. — The Object of all these operations is to prepare the patient to live without suffering! Therefore as the Physician and Dentist have the same Object in view, viz, — the relief

of human woes in suffering — they should have but One Fostering Mother, and One Name in Common.

Now to return. — As health is the only State in which human beings can enjoy the pleasures of life as God intended they should; and as the Medical Science has for its Object the preservation of health, and the alleviation of the effects of disease. — Then I think that it would not be extravagant to consider it a Sun in the Scientific world — with beams — which we call branches — diffusing their enlivening warmth and comforting influences — not only to the afflicted patient, but also to the friends and relatives who

are near and dear by Natures strongest ties—and who have become hopeless though apprehension of coming bereavement,—through fear of tender associations being broken.—For thus, they (though devine providence not only give health to the sick; but, hope and animation to the well.

Before I proceed to dwell more at large upon the different departments of instruction given in the University of Maryland.—I will take the privilege to Personify the principles branches of this glorious Science; and consider briefly the Characters they may assume.

First. Anatomy and Physiology go together, because one cannot be

demonstrated without reference to the other;— therefore I will call them one; and name it— The Unraveler of God's Master piece.— One that teaches us unequivocally that there is a God — an all wise harmonious God!

Secondly. Surgery; May be entitled— The Sanguine Hero;— Whose instruments (the dread of Nerves) are only used to cure.

Thirdly.— Chemistry.— The Living Analytic Torch, which discovers to us most of the Remedial virtues in the Medical Science.

Fourthly. Materia Medica, and Therapeutics are twin Sisters whose Souls are Unity— therefore I will

consider them One;—and name it—The Thousand Arm Handmaid of Suffering Nature. One who dispenses her reme-dies to save from pain and death.

Fifthly. Obstetrics.—I will name,—The Safe Guard or Watcher in Nature's great Immortal Launch.—Not for officious interference; but to guard; against accidents.

And Lastly. The Principles and practice of Medicine,—I name it, the name of Good Samaritan; whose heart is not an isolated Isle, Cut off from other Lands—but is a Continent that joins them.—One whom Christ Commanded!

What, or who of these [illegible]

the Remedial Sun — may be made to shed their comforting light by the bed side of the suffering and dying. — And would not he who brings such comforts to the afflicted, be worthy the name of the light which he sheds?

Anatomy. — There is nothing so worthy of admiration as the structure of the human body. — Its surpassing excellence in every respect to that of the lower animals — affords a most perfect proof of design in Him by whom "all things were made that was made". — And is one of the most powerful evidences against the idea that our formation is the result of blind chance. — Paley after giving us a great number of examples of this kind of design

in a Creator — proceeds to state that "in all instances wherein the mind feels itself in danger of being confounded by variety — it is sure to rest upon a few strong points or perhaps upon a single instance. Among a multitude of proofs it is one that does the business; if we observe in any argument that hardly two minds fix upon the same instance; the diversity of choice, shows the strength of the argument, because it shows the number and competition of the examples. There is no subject in which the tendency to dwell upon select and single topics is so usual, because there is no subject of which in the full extent, — the latitude is so great as that of Natural History applied to the proof of an intellige

-ent Creator, Perhaps the most remarkable instances of Mechanism in the the human frame are - the pivot upon which the head turns, the ligament in the hipjoint, the pulley or trochlear muscles of the eye the epiglottis the bandages which tie down the tendons at the wrist and ankel, the exit or perforated muscles at the hands and feet, the knitting of the intestines to the Mesentery, the course of the Chyle into the blood, and the constitution of the Sexes! And I will add the valves in the heart the circulation of the blood, and the arrangement to protect the brain against the shock which - otherwise - might occur in the

various movements of the body, or the force of the blood which is sent to it for its Nourishment.— These instances I think are decisive; because they all show design which is far,—far above human ingenuity.

Here,—let me remark—that I fully believe—Our worthy Professor of anatomy (whether it is his will or not) delivers about one hundred Antiatheistical lectures every Year.— Because he demonstrates that there a God.—

Hence this branch of the Medical Science, becomes beneficial to the world by eradicating those Opinions from the brains of men;—which are incompatable with their well being.

and the good of society.

In the consideration of Surgery we can see clearly the advantages of a knowledge of anatomy in a remedial point of view.

We have heard and read, the opinions of eminent men in the profession who claim, that Surgery is a branch of the Science "most easily practiced." But if I may be allowed an expression of opinion after what I have seen in the Baltimore [illegible] (which is the only chance I have had for observation dental surgery excepted) I would claim that surgery is as difficult as any other branch of the Science. We see that it requires more extended knowledge of anatomy

physiology than for the ordinary practice of those who refuse the knife, — and he must have equally abundent resourses in cases of emergency. — To practice his art successfully he must, also, have inventive genious; because: — in a great number of instances — from the necessity of the occasion — he derives his only idea of the apparatus or instruments he is to use; to render the ease which Nature gives.

Without naming a single instance, to prove that the Surgeon should possess a superior order of mind and feeling — it must be self-evident to every Medical mind, that in the hundreds of Operations which the

Surgeon is called upon to perform; — if in one half of the cases he sees the results from the beginning and brings them to a successful termination. — He Manifests judgement and an intellectuality which is not only high toned in its Nature; but most highly useful in its influences.

About three weeks ago I saw a patient — who had been neglected after a severe accident — brought to professor Smith for the purpose of amputating his leg. — When the dressings were removed — the foot and extensive sloughs from the lower part of the leg came away with them; — and I must say such

a stench, more [illegible] [illegible] [illegible] lost with any Obstetrics— I looked round for Sympathy— and found it,— for I saw about two hundred Noses hugged by as many handkerchiefs.— the Doctor amputated the leg with a countenance calm and benevolent as Charity could conveniently make.

I thought— if he received money it would only be "rendering to one to whom it is due."— Thus we see that the surgeon only flows the crimson Stream of life; to save from death.

If Chemistry has been [illegible] subservient in the promotion of human comforts by advancing the

arts which are necessary for the purposes of Common Life, — it has, also rendered pleasures to the mind by enabling it to contemplate with delight, the order and harmony of the arrangements belonging to the terrestial system of things. — Such as; — how the Earth is clothed with verdure and life, how the clouds, mists, and rain are formed. — And even though it may be impossible to discover the causes of all the changes that occur; — Yet as some Author has said "It is a sublime occupation to investigate the causes of the tempests and the Volcano, and to point out their use in the economy of things; — to bring the lightning from the Clouds

and make it useful in our experiments
to expose produce as it were a micro-
-cosm in the Laboratory of art; and
Measure and weigh those invisible
atoms which by their motions and ch-
-anges, according to laws impressed
upon them ~~[illegible]~~ by the divine intel-
-ligence; — constitute the universe of
things. The chemical philosopher sees
good in all the ~~the~~ diversified forms
of the external world. Whilst he inv-
-estigates the operations of infinite
power ~~[illegible]~~ guided by infinite wisd-
-om, all low predjudices, all mean
superstitions disappears from his
mind. He sees man an atom ami-
-dst atoms fixed upon a point in

space, and yet modifying the laws that are around him by understanding, and gaining, as it were, a kind of dominion over time, and an empire in material space, — and exerting — on a scale infinitely small — a power seeming a sort of shadow or reflection of a creative energy, and, which entitles him to the distinction of being made in the image of God; and animated by a spark of the divine Mind".

And Chemistry has not only been useful in things but which belong to common life; and those that give delight to the mind in the contemplation of the phenomena of their nature;

– unt it has done more – and is also
– of great advantage in the discovery
of remedies which have relieved us
of the greatest calamities that flesh
is heir to. – It would be unjust
Chloroform as an instance it
would & should immortalize
Chemistry – it is not all – there are
hundreds of others. Dr Dunglison
says – "Within the last twenty years
the Materia Medica has received
some valuable addition, from the
labors of the French Chemists and
pharmaciens more especially" and
is as much in the year? "The activ-
-e principles of many energetic
articles have been separated and

allow them to be exhibited, without the ~~necessity of~~ inconveniences at times occasioned by the Mixed matters with which they are associated in the vegetable. Hence quinia often takes the place of bark; Morphia, of Opium; piperine, of the peppers; Salicin, of the willow bark, and Strychnia of the Nux vomica. Iodine, too, has, of late: assumed a rank amongst our useful therepeutical agents; and the deadly hydrocyanic acid, has, under a wise form of administration been adopted in Medicine". Here then we have evidence that Chemistry is a helpmate to our thousand arm handmaid of suffering

Nature.— Who demands the next atte-
-ntion.

Her benefits are numerous.— Where
shall I begin?— My heads whirles at the
thought!— Why this embarrassment?— I see the reason now; it is because— She
is like the priesthood of Melchizede-
-ck— Without begining or end of day!
— Then I shall hope to be let off with-
-out keeping her company long— for
I am Mortal— She Everlasting!—
However,— I would like to be in her soc-
-iety a little while, that I may have an
opportunity of observing some of her
prominent features.— I see at the fir-
-st glance that she is abundantly sup-
-plied with remedies for the alleviati-
-on and removal of disease. In consid-

-ration of her richness and the work in which she is engaged; I would suppose — for the same reason — that she is li-beral in the highest degree. Therefore I conclude that that which is necessary — on my part — is to study well her rem-edies and the conditions to which they are applicable; — then, and then only will I feel ~~—~~ that I am prepa-red to dispense her benefits success-fully. — O! that I knew more of her virtues and the conditions to which they are applied: — then I should feel more prepared for usefulness to my fellow beings. — Also more at ease, and better satisfied that there will be no necessity for the use of Last.

-ruments in delivering me from the Baltimore Medical Womb — a consu-mmation — "most earnestly to be wished for". Enough of this, let me re-turn to my subject: and look for a moment at the Characters which some of her remedies may assume.

First. General remedies. —

Stimulents. May be considered, — Temporary Vitality — [illegible] when life is fast waning from exhausting disease; — they check the going out — untill Nature rallies and is able to perform her own functions.

Narcotics — like a Mother's — Lullaby — first titilates the fancy — then calms painful sensations

and Soothes the Mind to Sleep.—
— Antispasmodics— like a lonely Woman's tears; are powerful in Calming excessive Nervous irritability.

Tonics.— "Moderately and permanently exalt the energies of all parts of the frame without necessarily producing any apparent increase of healthy action;— therefore— May be named. The Starch of flaccid Vitality.

Astringents— "He have the power of producing contraction in the living tissues with which they may come in contact.— Then, they should be entitled— The Passion of Muscular Fibre; because they make them hug Eachother.

" Local remedies
1st those affecting the function of a part.
— viz.—Emetics, Chatharatics, Diuretics —
Antilithics, Diaphoretics, Expectorants,
Emmenagogues, Sialagogues, and Errhines.— 2nd those affecting the organization
of a part.— Such as,— Rubifacients, Epispastics, and Escharotics.— 3rd those operating by a Mechanical agency:— Viz—
Demulcents, and Emollients.— 4th those
which act on extraneous Matter within
the organs.— Viz— Anthelmintics and
antacids."—

The names of all these remedies
speak their own Character. Therefore I
shall not attempt to encrease my duty
by giving others.— I shall — [illegible] —
ice one [illegible] strikes my fancy [illegible]

forcibly — that is, — Anthelmintics — they may with propriety be denominated Medical Knownothings — because they are continually Making War on Foreigners.

Alteratives; I have not mentioned before — Their manner of action not being understood — It is enough to say that they are Angels which "move in a Mysterious way their wonders to perform."

When we consider the great variety of action from Medicines in different Cases — It becomes evident, that it would be dangerous for a fool to attempt their administration in Critical Conditions — If he would — It certainly would be Shooting in a bush. —

And because innocent Vitality may be hiding there for shade from the burning rays of the consuming fire of disease — he might wound or kill her; and thus destroy the [illegible]. Or it may, like [illegible] — in which he says "Nature is fighting against a disease; a blind man armed with a club, — that is the physician (the fool) comes to settle the difference. He first tries to make peace; when he finds that he cannot accomplish this, he lifts his club and strikes at random; if he strikes Nature, he kills Nature".

Application to Obstetrics —

without going into details, — it is evident that it requires something more than ordinary abilities to practice the art successfully.

If there is any part of the studies or business in the exercise of which "masterly inactivity" is required it is in the Conduct of Labor. How my heart leaped within me, when I thought, that in this subject I might use this beautiful idia with advantage.— "masterly inactivity"! how rich with meaning!— I love the thought!— and if I should dismiss the subject with but that thought alone it would be abundantly sufficient;— because it expresses ability, which may be equal to any emergency; and is not incompatable with the Gentleman, the Scholar, and the Sympathizing Heart.

I imagine that there is no person like the studying-in-course for the culti-

-vation of the best feelings of humanity. Who could look upon Nature in her heavings while endeavoring to launch into the world; a being who may bear the image of its God, and a soul fit for immortality— without feeling the deepest sympathy for her who is the subject of the agony accompanying Natures throws? Who could see the birth of an innocent infant; and hear the joyfull exultations from the father and friends; without rejoicing with them?— Yes, if even tears of joy were shed— it would not be unmanly for the practitioner to shed them too.— It is clear that here is the place to ex-hibit a sympathizing heart.— Kindness

— It seems to me that it must be interesting from the consideration that — in the case of a male child — she has introduced to the world, one who may become an ornament of intellectuality, of virtue, and of Manhood. And in [illegible] female — He may feel assured that he has introduced to society a being who belongs to heaven and to God. — One who sweetly adorns the world with her smiles, and comforts it with her cheering and tender Cares. — In a word — he guides a being into notice whose sex are to the world as the rays of the sun because, without them it would be shrouded in gloom.

And again, I think that it would not be

going beyond his duty to his God and his fellow man to insinuate his doc-trines concerning the physical education of those whom he has introduced to the world. Neither would it be any harm to wedge his morals there. Therein I have no question; but that the pract-itioner often [illegible] his [illegible] dignifi-ed self; and thus, it is possible for the physician to be useful to humanity by pointing the rising generation to a path which will lead to health; and to honor.

In conclusion, I will refer but briefly to the last subject which I proposed to notice, viz: Princi-ples and practice of Medicine.—

I have hinted, that the general practitioner of Medicine may embody in himself all ~~the~~ its principles in doing good to the suffering world. and also, that he may become worthy the name of good Samaritan whose heart is not an isolated Isle Cut off from other lands — but is a Continent that joins them — One whom Christ commended.

In these few words we ~~have~~ exhibited some of the most beautiful Characteristics which a physician should possess. — I will notice but two of the most prominent, viz: Benevolence and Courage.

There is no principle in the human mind more God like in its nature than

benevolence. It fills the heart with the most tender emotions, — expands the soul with kindness, and spreads happiness wherever it is exercised. It is the source of all that is sympathetic in the bosom of man; it ennobles its possessor, and allies him to angels, and to God. — Without it no acts of kindness are performed, no tears of sympathy shed, no orphans cared for, no widows relieved, and no widow's heart is made to leap with joy. — Where benevolence has its perfect work, poverty and distress are comparatively unknown; being superseded by the readiness and sympathy of kind friends, and the charities of the Christian religion.

and the good.—But, when this [illegible] is wanting in a physician all that is good, all that is kindly, all that is liberal is wanting:—and the poor selfish wretch lives for him self alone, and dies as he should—unlamented.

Moral courage is another characteristic which the physician should possess.—One negative instance will suffice to show its necessity.—I can think of no case which will serve my purpose as well as that mentioned by Dr Latham of acute inflammation of the larynx. I will use his description of the disease, but, change the circumstances and sex.

A practitioner is called to

go in haste to see a man who is thought to be dying.— On entering the sick man's chamber he sees the wife and children weeping:— They look at him with confidence.— Hope beams out through their tears for they think he may be prepared to save their protector.— Vain thought for they have called a Coward. He approaches the dying man:— What a picture he was! Cold, and livid, and pulseless, his eyes starting from their sockets, his mouth wide open, and lips, and tongue, and teeth black with sordes and breathing convulsively, and with a kind of [illegible]. With what agony he struggled for life! and what force he

used to preserve it! Tossing about his arms, striking aside all who came near him, for they kept the air from him; and dashing away a cup of water that was offered for he knew a single drop would suffocate him!"

The Physician saw that nothing could be done to save his patient but to open his trachea.— and for fear the operation might not be effectual,— and himself not being very accustomed to the knife, he declined performing it— and fearful of his own reputation has not the courage to call one who would perform it— And thus lets his patient die. And that is not all! By his cowardice and neglect he has thrown a widow and

orphans upon the world unprotected,- Whereas if he had done his duty the wife and children might still have had their protector.

Such Courage would sit a man for a sheep fold rather than a responsible position in the Medical Science!

I feel that no more need be said on these matters; because it is self evident that all of the good characters named in the whole subject in reference to practitioners may "unite and blend in one"; one who may show in the glory of his character that the science in which he is engaged is a sun

which is rising with "healing in his wings";— and whose glorious beams will spread and grow until they shall have reached over hill and mountain top — to the uttermost parts of the Earth — so that all nat-ions shall have the benefits of their healthful influences.

In order to facilitate this pl-easing end;— Much may depend upon the Young Physician who the starts to tread the pathway of this Science — In the language of Dr Dunglison... "he should det-ermine to follow the dignified calling (he has chosen) circum-spectly, correctly, and honorably. He

should be impressed with the res-
-ponsible character with which he
is invested. He should feel that
the true dignity of [illegible] is to
be maintained by the superior
learning and abilities of those who
profess it. His manners and add-
-ress should be liberal and poli-
-shed, compassionate and gentle.
He should be open and candid—
-disdaining all artifice. He may
be set at nought the [illegible]
and abuse to which the [illegible]
has been exposed, from those
who are unacquainted with its
character and resources.—
[illegible] and happiness in

attend him. The infant, on the ma-
-ternal lap, will learn to lisp
his name with gratitude: the
widow and the fatherless — even
in their bereavement — will bless
his skillful and benevolent ex-
-ertions through [illegible];
the affectionate parents, who have
watched over his youth, and
witnessed, with delight, his
ripening manhood, will glory
in him. — His [illegible] which
shed upon him their highest
honors, will cherish him, as
the proud [illegible] cherished
their offspring; and his Coun-
-try will be proud to call it

5

4

him amongst the most useful and the most meritorious of her citizens. The pathway to professional distinction is narrow; but it is open to all; and who is there that will hesitate to follow it, or consent to be laggard in the race:"

"Who, that surveys this span of earth we press,
This speck of life in time's great wilderness,
This narrow isthmus, 'twixt two boundless seas.
The past, the future, two eternities!—
Would sully the bright spot or leave it bare
When he might build him a proud temple there

[illegible]

Inaugural Dissertation

on

Pneumonia

Submitted to the examination of the
Provost Regents and Faculty of
Physic of the University of Maryland

For the degree of Doctor of Medicine

By

James H Stewart

of

Maryland.

February 14th 1857

Pneumonia presents itself to the medical observer as a disease affecting the lungs those delicate organs of the human body which lie in the diaphragm hidden from view, and whose condition in the unhealthy state can only be diagnosed by certain signs. For a long time it was a matter of much work to diagnose pneumonia but at the present advanced stage of medical science it can be determined with almost certainty whether it be that disease or not. The valuable agent which Providence has bestowed upon us to ascertain the presence of this disease is the organ of hearing, and the ear being applied to the chest sounds are heard which the intelligent listener can detect as normal or abnormal, healthy

or unhealthy. Pneumonia is inflammation of the substance of the lungs, it is not necessary that both lungs should be affected or the whole of one lung, but as the texture which compose the part inflamed are involved. The bronchi become inflamed and it often happens that pneumonia follows bronchitis Besides the signs which we detect by the ear as characteristic of pneumonia, there are others to be taken in account which assist us in summing up the case. These are fever, cough and sometimes pain in the side. the presence of this pain should put the observer on his guard not to make a mistake in diagnosing the case to be one of pleurisy, as the pain or stitch in the side is generally attendant upon that disease.

The cough is very deceiving as it is not thought of much consequence by the patient and it masks the more dangerous symptoms until he finds himself suddenly prostrated and if the disease is not checked it proceeds to the last stage which ends fatally.

Pneumonia may be classed under three seperate stages which are distinct from each other and follow in succession.

1 The state of engorgement.

2 The state of hepatization.

3 The state of purulent infiltration.

We are not able to determine the reason why the lung becomes engorged and what causes the flow of blood in it instead of passage through the lungs, but if the lung be cut open post mortem it

looks redder than usual and contains a great deal of blood, the colour of the blood presents the same appearance as it usually does when inflammed. The condition of the blood appears to be coagulated and plastic and we are led from this to employ mercury which produces such beneficial effects by reason of its alterative properties.

The second stage that of hepatization comes on soon after the first, more air escapes than formerly and blood takes its place rendering the substance of the lung more solid, the chief quality of the substance of the lung its sponginess is now replaced by a distinct solidity. The bubbles which compose the surface

chiefly affected in these two stages and the cohesion of the particles is lessened as the first stage emerges into the second. The pulmonary tissue is affected as the disease advances and should the softening of the granulations which form take place the stage of purulent infiltration follows that of hepatization.

If the ear is applied to the chest in the first stage a peculiar sound is heard like forcing air through a fluid, we are led to suppose that the bronchial tubes are compressed by the density of the particles surrounding them and the passage of air through these tubes become obstructed. The natural murmur which is produced by respiration in the healthy state is not heard

now as formerly, and is entirely obscured by this new sound. This sound which we speak of has been called crepitation and is distinctly audible though not always constant, as it varies until the resolution of the inflamation is effected. It disappears occasionally and we again hear the natural murmur and we should examine the patient very often on this account as we were liable in concluding that the lung was not affected because we did not continue to hear this unusual sound (crepitation).
When the crepitation ceases and the natural murmur is heard, this change is a strong evidence of the increasing inflammation, and if bronchial respiration

be heard we conclude that the disease has passed from the first into the second stage. This bronchial respiration is heard when the patient takes a deep breath and is caused by the air passing through the larger bronchi which have not become obstructed and the bronchi being surrounded by hepatized lung are better conductors of sound than when the texture of the lung was spongy. The voice is changed and has a tubular sound. This change denotes solidification and we may infer from this sign of bronchial respiration to be heard that a general state of hepatization exists. The chest does not rise, and naturally which can be perceived by placing the hand

on the chest over the region of the lungs.
Dullness on percussion is now evident
and though a slight resonance may be
heard it is different from that on striking
the chest with the fingers in the natural state.
When the dullness is not very distinct
the hepatized part is not in immediate
contact with the ribs; if the sound is
dull and flat in several places we infer
that the hepatization is general.
This dullness is not a sign peculiar to
pneumonia as it is found in pleurisy.
the effusion in the pleural cavity fills
up the space between the lung and
the ribs and hence a dull sound is
given off when percussion is practised.
The dullness is generally found at the

lower part of the chest in percussing when the patient is in an erect posture; we should practice percussion both in the erect and recumbent posture in pneumonia to ascertain whether the dullness varies from the upper to the lower part of the chest.

Besides the signs we have spoken off and which may be called physical, there are others to be taken into account which go far to assist us in summing up a case of Pneumonia. The patient has been more or less headache pain in the side and cough. the cough is dry in the begining and is accompanied with sputa which has a characteristic colour (rusty) and can be distinguished by its appearance from

the sputa which is present in bronchitis.

If the patient is of full habit and is seen at the commencement of the first stage blood may be taken from the arm with good effect and the bleeding may be continued until a marked effect is produced on the pulse. Blood letting is advisable in the second stage also by cupping over the region of the chest which indicates the pain and is more preferable in this case than taking blood from the arm. Tartar emetic is given with advantage in the first stage immediately after the blood letting it should be given in small doses say 1/4 grain every two hours and if there is a disposition to throw it off a little opium may be given

along with it to reconcile it to the stomach.
Calomel is a valuable agent in this disease
as it acts as a cathartic and alterative; it
diminishes the plastic properties of the blood
and prevents effusion and tuberculosis.
It is necessary that the bowels should be
freely opened and a dose of calomel say
three grains may be given at bed time. if
it is given for its revellent effects the
dose should be small and combined
with opium. In mild forms of pneumonia
calomel and tartar emetic may be dis
pensed with, cupping over the inflamed
part producing sufficient revellent effects.
After the cupping a fly blister should
be applied and allowed to remain on
at least six hours if it requires a longer.

time to produce good effect on some persons, especially those in whom the circulation is dull. After the blister is taken off the small vesicles which form should be opened and the effusion allowed to escape. then a warm bread and milk poultice may be applied in the same spot from which the blister was taken and allowed to remain until it becomes cold.
It may be necessary to apply the blister a second time if the pain in the side is troublesome and it will relieve the patient a great deal. The cups should be applied over the spot where the inflammation is supposed to be highest. if the lower part of the lung seems to be most affected the cups should be placed mostly in

the back and may extend around to the front part of the chest. and if the upper part of the lung appears to be hepatized they should be applied across the chest. A cough mixture may be given to allay the cough and to favor expectoration. the principal ingredients of which may consist of senegaxlotu. it may be given frequently every hour if the cough is very troublesome.

The expectoration is freer after the second stage has set in and when it becomes softened it is a good sign that the hepatization is breaking up. The patient can not take a long breath without exciting cough and until he can take deep breaths which are not followed by coughing

he is in danger. The diet should be very slight in the beginning of the disease and should be limited to a cup of tea and a preperation of arrow root or tapioca. if the vital powers are exceedingly prostrated and stimulants are required carbonate of ammonia should be given and beef tea. Where inflammation is present the diet should be of the lightest kind and though we have to support the sinking powers of the patient in some cases, the general bearing in the treatment is to allay the excited condition of the vascular system. The patient should be kept as quiet as possible not alloned to talk more than is necessary. the room must be kept warm but not overheated and

well ventilated. The back of the patient should be a little supported in the bed to favor respiration which at times is very difficult. The pulse should be felt as often as possible and its changes noted. It being necessary to give stimulants when the pulse becomes very weak, and to withdraw them when it becomes harder. If a case of pneumonia is treated at its commencement it may last only a couple of weeks but it may continue for three times that period when it has not been treated at its start.

If the patient is subject to bronchitis he may not get over the disease very easily as the cough will be very troublesome and keep up irritation in the air passages.

The patient recovers his strength gradually and great care should be observed not to let him fall into a relapse, any sudden chill or exposure will bring back the disease. Cod liver oil will be found to exert a very beneficial effect in nourishing the parts which have become debilitated.

It may be given at first in small doses a teaspoonfull every hour and in a few days increased to a tablespoonfull.

If found very disagreable to take it may be given in any vehicle which is palatable and not injurious. It is best in its pure state and it daily proportions according to the mucous surfaces which have been in an unhealthy state.

J. H. Stewart.

An
Inaugural Dissertation
on
Rubeola

Submitted for examination to the
Provost, Regents
and
Faculty of Physic
of the
University of Maryland
by

James A. Willing
of
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Md.

Measles or Rubeola

This is a contagious febrile disease, characterized by catarrhal symptoms and the occurrence of a rash upon the skin about the fourth day, without the disappearance of the fever.

Symptoms, Course, &c. The disease often commences with feelings of lassitude, chilliness, aching in the limbs &c. followed by frequent pulse, heat and dryness of skin, loss of appetite, fused tongue, and occasionally headache, and all other phenomena characteristic of fever. But, along with these phenomena and not unfrequently antecedent to them, are the symptoms of irritation of the mucous membrane of

the eyes, nostrils, fauces, larynx,
heat or [illegible] discharge of tears
and suffusion of the eyes, sneezing
and coryza, slight soreness of throat,
roughness or hoarseness of the voice,
a dry, hard and hoarse cough and
sometimes tightness of the chest and
dyspnoea. In some instances there
is epistaxis and in some epigastric
pains, nausea and vomiting. The bowels
are usually constipated, but sometimes
the reverse. In young children convulsions
are not unfrequent especially during the period of teething.
There is every possible grade in the
violence of this early stage. Occasionally
it exhibits nothing more than
the ordinary symptoms of moderate
catarrh, with little or no observable

fever; while in other cases the febrile action runs very high and evidences of decided inflammatory disease are presented. The symptoms generally increase in severity for two or three days then occasionally remit, to return with undiminished or increased force upon the breaking out of the rash. If the fauces be examined a little before this event the soft palate and uvula will often be observed to have a punctuated redness. The eruption generally begins to appear on the fourth day or at the end of it, though sometimes it considerably antedates this period and sometimes is protracted even to a week or ten days from the commencement.

The rash occurs at first in minute, red, distinct spots very slightly elevated, which disappear under pressure. These show themselves first on the face and neck, then upon the trunk, and finally upon the limbs, and there is often an interval of two days between the occurrence of the eruption upon the forehead, cheek, chin, &c, and its completion on the lower extremities. The rash very quickly loses its isolated character and becomes more or less confluent, arranging itself in irregular patches which are occasionally somewhat crescentic and almost always leave intervening spaces of the skin little if at all altered. It feels slightly rough under the fingers and though not hot has a some-

which darkish tint. There is however, great diversity in this respect, the rash being higher when the fever is high, and usually somewhat more so on the face than elsewhere, probably on account of its great vascularity. In some cases a more prominent or papular eruption mingles with the rash, in other instances vesicles are here and there observable. The amount of eruption varies greatly from a few isolated spots which are all that show themselves in some cases, to a generally diffused redness, that is observable in others. Occasionally, instead of commencing in the face, it attacks first some other portion of the surface, especially if previously irritated or inflamed. In some cases it does not spread but confines itself to the part.

commenced, those in which it first
appeared. When at its height, which
is usually upon the second or third
day of the eruption, it is frequently
attended with a troublesome itching
and heat of skin. In the fauces, the
previous uniform redness now
often clusters in irregular patches
as on the skin; and red points are
often seen projecting above the fur
on the tongue.

Neither the catarrhal symptoms nor
the fever, decline on the appearance
of the eruption. Sometimes, indeed
they seem to be increased. The eyes
are now frequently red, and the eye-
lids swollen, as well as in a greater
or less degree the whole face. But if
nausea and vomiting, irregular abdom-

inal pains, convulsions, or other signs of nervous disorder have occurred, they often cease when the rash is fairly out. The cough, though still hoarse, now becomes more loose, and a transparent mucus is expectorated.

About the eighth day of the disease, or the fourth of the eruption the rash, fever, and catarrhal symptoms begin to decline together. The decline commences in the face, where the redness is often much faded, while it is still bright upon the limbs. In some cases however, the whole duration of the eruption does not exceed a day or two, and in others is prolonged to a week or more. The red colour gradually gives way to a dirty somewhat yellowish hue; and the cuticle separates in fine furfuraceous

-tules. But the desquamation is not uniform being sometimes visible on the face or head exclusively, sometimes limited only by the extent of the eruption, and in other instances wholly wanting. It may continue five or six days before it is completed and is apt to be attended with itching.

Occasionally the bronchial symptoms instead of diminishing at this stage which is the regular course, continue and even become aggravated; and auscultation reveals all the signs of an extensive bronchitis or of superinduced pneumonia. This is the greatest danger of measles. Instead of bronchial or pulmonary inflammation a diarrhea not unfrequently sets in, which when excessive, may

and scrofulous swelling in persons predisposed to them.

Anatomical Characters. When measles prove fatal it is generally in consequence of inflammatory disorganization, the signs of which therefore, will be found after death. But there is no peculiarity in these signs. When death has resulted from the uncomplicated disease, nothing is found but a general congestion of the internal organs, and especially of the mucous membranes.

Causes. It can scarcely be doubted that there is one specific cause of measles; or that this is generated in the bodies of those affected with the disease, and is capable of acting upon others through the air. It is therefore, contagious. Though capable of being prop-

agated by contagion would prevail in a place at some periods than others; probably under a peculiar epidemic influence. Whether this influence is sufficient of itself to produce the disease, or whether it merely acts to increase the susceptibility to the contagious principle, may perhaps be considered uncertain. Cold weather appears favourable to the production of the disease; as epidemics of it are most frequent in winter. Men, women, & all seasons. No age is exempt from the disease. The disease is capable of being taken but once; but it is said to have appeared the 2d. and time in the same individual. The period which intervenes between taking to the cause, and the appearance of

the disease is generally about a week, though it is said to be sometimes considerable shorter, and sometimes as long as three weeks.

Diagnosis - In the early stage measles may be readily mistaken for catarrhal fever, though we have the hard, dry, and hoarse cough by which it is generally distinguished. There is almost always, however, some uncertainty until the eruption appears, and cases in which no eruption occurs must necessarily be doubtful. This especially when the influenza is at the time prevalent, or the changes of weather favour catarrhal affections. The only disease likely to be confounded with measles after the appearance of the eruption, are the allied, scar-

latina, and roseola. From small-pox measles may be distinguished by the rash not being papular, and from scarlatina by the catarrhal symptoms.
Prognosis. In ordinary uncomplicated measles, the prognosis is almost always favorable. The chief danger is from bronchial and pulmonary inflammation, and the danger is probably greater after the disease has begun to decline than during its progress. Among the unfavorable signs are, unusual severity and continuance of the early fever, with postponement of the eruption; a sudden disappearance of the rash, in connexion with evidences of internal irritation or great prostration; severe dyspnoea and other symptoms of considerable pulmonary in-

flammation; great restlessness, delirium, or coma; a continuance of fever, cough, and dyspnœa, after the regular decline of the eruption; a complete loss of voice with dyspnœa; and evidences of malignancy, such as a weak pulse, a livid colour of the rash, petechiæ, and passive hemorrhage.

Treatment.– In the milder forms of the disease, nothing more is requisite than to keep the patient on a low diet, attend to the state of the bowels, and prevent exposure to cold and wet. In the management of measles, the surface should be protected from exposure to cold, as it does not bear it as well as in the scarlatina or small pox. But neither should the patient be kept in a hot room,

nor oppressively covered with bed-clothes. When the case is sufficiently severe for treatment the proper remedies are saline laxatives; demulcent drinks such as linseed tea, solution of gum arabic, infusion of slippery elm, decoctions of saccharine fruits &c, to which antimonial wine may be added in small quantities, and, when the skin is very hot and dry, the neutral mixture or spirit of Mendererus and sweet spirit of nitre may be given, the patient kept in bed at the same time. Should signs of decided bronchitis or pneumonia present themselves, or the laryngeal inflammation be alarming, threatening, or convulsions with a tendency to stupor occur, blood may be taken but not so much as to provoke

the patient. The general bleeding may be aided by cups or leeches; and these should be preferred to the lancet in doubtful cases. Should the symptoms threaten croup, an emetic of ipecacuanha or tartar emetic, followed by a purgative dose of calomel, and afterwards antimonial or ipecacuanha wine or syrup of ipecacuanha, in small and frequently repeated doses, will generally be sufficient to relieve them; and the same treatment with the exception of the emetic, may be employed when there is oppression of the chest from bronchial inflammation. The warm bath and warm fomentations, or emollient cataplasms, are sometimes also of advantage under these circumstances.

Opiates are not generally advisable in the early stage; but, when the cough is very troublesome, hyoscyamus may be combined with the expectorants just mentioned. The eyelids, when inflamed, should be frequently moistened with demulcent liquids, as mucilage of sassafras pith, which may also be used beneficially as a collyrium in inflammation of the conjunctiva.

The same plan should be continued after the appearance of the eruption, and until it begins to decline. If at this period the cough should be troublesome, opiates may be used moderately in connexion with expectorant medicines, such as the antimonials, ipecacuanha, and the

Syrups of Squill and Seneka. Should a fresh accession of acute bronchitis, or an attack of pneumonia now supervene, they should be met promptly by general or local bleeding, blistering, and antimonials. The retrocession of the eruption, and its retardation, occasionally require attention. If evidences of internal irritation or inflammation, or of considerable depression, are presented, prompt interference becomes necessary; and the object of the physician should be to call the disease to the surface. Among the most effectual measures for the purpose, is the hot or vapour bath, which is applicable in almost all cases, whatever may be the pathological condition.

If the retrocession has arisen from exposure to cold, warm drinks should be given in addition, as infusion of balm, Camomile, or the dried mints; and, if there be at the same time gastro-intestinal or nervous irritation, without any tendency to stupor, and without any considerable bronchial disease, a full dose of opium with ipecacuanha will be useful. Should decided inflammation of the interior organs accompany the retrocession, it may be necessary to take blood from the arm. Should the fault lie in a debilitated state of the system from excessive loss of blood, or from excessive purging or any cause, it may become necessary to administer warm wine-whey and the preparations of ether or ammonia internally,

While sinapisms, stimulating frictions, and artificial heat are applied externally. The convulsions which occur in children, in the early stage, often require nothing more than the warm bath, and sinapisms to the limbs, but, when they are severe, often repeated, or followed by stupor, in addition to the remedies above mentioned, blood may be taken from the arm or the temples, and a dose of calomel given internally. In the advanced stage of the disease, when convulsions occur, it is often found, from previous irritation than actual congestion or inflammation; and the nervous stimulants, as asafoetida, camphor, musk, and sometimes even opium, are more efficient than depletion; but the physician must be

guarded by the symptoms. Diarrhea, if moderate, should not be disturbed; but if profuse, painful, or obstinate, it should be checked by means addressed to the existing pathological state of the bowels.

The diet, in ordinary measles, should be strictly antiphlogistic throughout the disease. During the existence of considerable fever, it should be chiefly in the liquid form. In cases attended with debility, it may be necessary to have recourse to milk and animal broths. During convalescence care should be taken to guard the patient against the cold; and in winter he should not be allowed to go into the house until desquamation has been for several days entirely completed, and the catarrhal symptoms have disappeared.

The End.

An
Inaugural Dissertation
on
Erysipelas:
submitted to the examination of the
Provost, Regents & Faculty of Physic
of the
University of Maryland,
for the
Degree of Doctor of Medicine;
By
Bernard C. McGuire,
of
New York.
1857.

Erysipelas:

This disease is so named from its tendency to spread to the adjoining parts, and is a circumscribed inflammation of the skin and subjacent cellular tissue; presenting a deep red tint and swelling of the part affected. It has also been called the "Rose" and St. Anthony's Fire" - the former name from the color of the surface affected and the latter from the heat which accompanies it, and from the superstitious belief that St. Anthony exercised a particular power over the disease.

Of this affection different varieties have been made by different authors, but I shall confine myself to two of those varieties - namely the simple and the Phlegmonous - the former of which, is the most commonly met with, and the latter, the most serious form of the disease, and therefore are of most importance and require more particular study -

Simple Erysipelas.

Symptoms.- This, like most of the inflammatory diseases, commences with languor, uneasiness, soreness of the limbs, chilliness, alternating with flushes of heat, which are followed by furred tongue, frequent pulse, anorexia, thirst, nausea and vomiting. On the second or third day and sometimes at the very commencement there may be seen a small reddish spot on some part of the surface; it is frequently found on the face, but may appear on any part of the body. This spot gradually spreads, exhibiting an abrupt and elevated margin, although in some instances this boundry, between the healthy and diseased skin, is not so well defined.

Pain, of a peculiar stinging character, with a sense of burning in the part is experienced by the patient. The affected surface is red and shining, and feels hot to the touch. On pressure with the finger, the redness disappears but immediately returns on when the pressure

is removed -

The inflammation, in some instances advances slowly and in others it spreads very rapidly until it has extended all over the body.

Its march is generally continuous, but now and then it attacks separate and distant parts - when occurring on the face it may confine itself to the features, but generally extends to the scalp - seldom downwards to the chest -

The skin is usually hardened with considerable swelling, especially in loose texture - The swelling in the face is often so great that the characteristic features are, for the time, entirely effaced -

In mild cases of this form of the disease, the inflammation subsides on the third or fourth day without effusion taking place; but it occurs more frequently that effusion does take place, which elevates the cuticle and forms small vesicles, or they may appear like small blisters covering the whole surface.

Exudation from these vesicles generally follows. This, after a short period dries up forming crusts which soon separate and a new cuticle forms. In such cases the whole duration of the disease is not more than ten or twelve days; and in young and vigorous persons it may terminate from the seventh to the tenth day; or it may from various causes, be considerably protracted.

Between the constitutional or febrile symptoms and the local inflammation, there is often no direct proportion - the former being sometimes quite severe while the latter is moderate in extent and vice versa.

The local inflammation may travel over a large extent of surface, without at any time occupying a large space, but disappearing from the parts on which it first made its attack and encroaching on the adjoining healthy skin. In this manner it may travel all over the body, until the whole surface

has been involved - one part healing as another becomes the seat of the disease - and again, it may retain its first position while it steadily advances, gaining new ground, until a very large extent of surface is involved - By some it is said to have been seen, in this manner, to embrace the entire surface of the body. The inflammation may suddenly disappear from one part of the surface and make its appearance in another and often remote part of the body - or the inflammation may extend to some internal organ disappearing at the same time from the surface The brain and heart are not unfrequently attacked in this manner - The throat is not unfrequently affected which is a very serious complication and one apt to be overlooked, and which if neglected may cause death in consequence of the swelling of the submucous tissue of the air passages - preventing the admission of air and the patient dies from asphyxia.

Results: In the great majority of cases of simple erysipelas, it ends in resolution: thickening of the skin and some discoloration remaining for several days, during which time the epidermis desquamates; all traces of the local inflammation now disappears and the skin returns to its normal condition. The desquamation in some cases is very slight, and the discoloration remains but a short time. The inflammation sometimes, though very rarely proceeds to the extent of suppuration — abscesses forming which are surrounded by fibrous cysts and requiring early and free evacuation to prevent distruction of tissue. As before stated the inflammation is sometimes transferred from the surface to some internal organ, and in this manner inflammation of such organ is the result of erysipelas.

Phlegmonous Erysipelas:

The seat of this variety of the disease is more frequently in the extremities than in

any other part of the body. It is a very dangerous form of the disease - and occurs at all periods of life and in persons of very different habits of body.

This form of the disease may be devided into three grades, differing from each other, however, only in the degree of their intensity.

In the first grade the chills, rigors and other premonitory symptoms are followed by pain, redness, heat and swelling of the part. When pressure is made with the finger the redness, which is of a blue or livid hue from the first or second day, returns very slowly. If about the sixth or seventh day, the pain becomes of a pulsatory character and dark spots appear beneath the epidermis (which often separates before this stage) and the temperature considerably reduced suppuration will be almost certain to follow. But on the

contrary, if about the fourth or fifth day from the first appearance of the local inflammation, the swelling subsides; the parts become less tense, and are covered with small scales, and the natural color gradually returning, it may be confidently hoped that the disease will end in resolution.

In the second grade, the constitutional and local symptoms enumerated in the first grade are all present, but are more intense from the beginning. Between the fifth and tenth days, pernicious collections are formed beneath the skin, which, on being laid open, discharge together with the matter masses of cellular tissue said to resemble in appearance "wet Tow." If these collections are not early laid open, great destruction of cellular tissue may take place and in many instances, the muscles are completely dissected from each other. Constitutional symptoms of a

character are soon apt to supervene -
Diarrhoea, irritability of stomach, great
nervous disorder from the extent of
suppuration and contamination of
the circulating fluid, by absorption of
the secretion of the suppurating parts;
all these complications may be present
and must necessarily render the prognosis
unfavorable in many cases.

In the third grade the symptoms con-
stitutional and local, are still more
severe - The skin almost from the
commencement of the disease, presents a
dark dusky red color. The parts are
extremely tender to the touch, and when
pressure is made with the finger, the
impression is only retained for a moment.
About the sixth or seventh day the pain
and soreness abate, and the parts are
covered with small bumps, which form
under the epidermis, containing a ser-

fluid, and soon after, sloughs are formed, discharging an ichorous, ill conditioned and fetid pus, with great destruction of cellular tissue—

After these sloughs have become detached, the parts may take on a healthy action and gradually heal. But unfortunately this is not generally the favorable termination of this serious form of the disease. The symptoms in most cases, are of a typhoid type from the first, and from the exhaustion produced by excessive suppuration, and contamination of the circulating fluid by the absorption of matter, the patient becomes daily weaker and weaker, until the patient at length sinks under symptoms of the worst form of fever of an adynamic type often preceded by an exhausting diarrhea.

In the month of May 1856, I had an opportunity of witnessing such a case at the Baltimore Infirmary. The patient, a

German forty five years of age, was admitted into the Infirmary several days after the disease had commenced. The local inflammation in this case occupied the dorsum of the foot and lower half of the anterior part of the leg. Sloughing had commenced before the patient applied for admission. The discharge was very copious and all the symptoms were of a typhoid character from the time of his admission. Notwithstanding the judicious and skilful treatment employed in this case by Prof. Mittenberger, no improvement could be observed, but on the contrary the suppuration progressed until all the tendons of the leg and foot, were laid entirely bare, and the muscles of the leg completely dissected from each other.

Together with the local disease the constitutional symptoms also became daily more alarming, until all hope of saving the limb, and the life of the patient at the same time, was lost. Amputation, was

therefore decided upon by Prof. Hildenbrand as the only means of saving the patients life; but to this expedient his friends objected and after several days of suffering the patient died. Death in this case was preceded by all the symptoms already described as being characteristic of this form of the disease.

Causes of Erysipelas:- The causes of erysipelas are not well understood and many instances are very obscure. Some constitutions seem to be very much prone to this form of inflammation, and in persons of such constitution the slightest wound or abrasion of the surface may excite an attack. The intemperate use of alcoholic liquor is thought to act as a predisposing cause - such persons are said to be more frequently attacked with the disease, than those of more prudent and temperate habits.

Insufficient or unwholesome food; impure air, particularly that generated in the wards

of hospitals are all considered as predisposing causes. In females it is said to occur most frequently during the menstrual period, and at the cessation of the catamenia.

There may be a particular condition of the atmosphere which predisposes to the disease, which when it exists produces the disease, after very slight exciting causes. such causes at other times, and under apparently the same circumstances are followed by no such results. That the disease is often communicated by contagion, I have no doubt. judging from the high authority in support of its contagious nature. I should suppose there was not much room for argument on this point.

Treatment of Erysipelas.

This must vary in different cases, being regulated according to the symptoms of the case, and the variety of the disease.

In simple erysipelas the antiphlogistic

regimen should be observed. It may be proper to commence the treatment with a mild emetic - This is indicated whenever the stomach is loaded with undigested food; but in very mild cases, this remedy is not necessary, and the administration of mild purgatives, rest of body and mind; cool air, and a proper attitude of the inflammed part will be found sufficient In more severe cases, pretty active purgation may be required in addition to the remedies above mentioned; and in some rare cases, bleeding from the arm may be required - This latter remedy, however, is seldom necessary, and should be employed only in young and vigorous persons; and even in these, it should be employed only, when the disease in a severe form, attacks the head and face - or when the inflammation recedes from the surface, and attacks some vital and internal organ.

As this disease most probably depends on

a blood poison within the system, which requires a certain time for its elimination, bloodletting cannot be expected to cure the disease; but it may be required to relieve urgent symptoms and for this purpose is frequently required. When symptoms of great nervous derangement are present, opium combined with ipecacuanha, is a very useful remedy. Opium should not be employed, when the patient is in a comatose or somnolent condition. Whenever the liver is in a torpid condition, calomel in alterative doses, is the proper remedy.

The extract of aconite in doses of half a grain, dissolved in water and given three or four times a day, is said to produce great abatement of vascular excitement and relaxation of the surface with diaphoresis.

Extract of belladonna, in doses of one sixteenth of a grain, is also said to be of much benefit in many cases. The muriated tincture of iron in doses of half a drachm every two hours

is the best remedy, and some regard it little short of a specific.

Opiate fomentations and lead lotions have been found most beneficial, are generally grateful to the patient cold applications should be cautiously used, as there might be some danger that by their revulsive action, the inflammation on the surface might recede to some internal organ, with dangerous or fatal effect. The progress of the inflammations may often be arrested by the application of the nitrate of silver. The solid stick may be employed for this purpose, and a border, an inch and a half, or two inches, drawn around the inflammed part embracing equal portions of healthy and diseased skin.

Tincture of iodine may be employed for the same purpose, and it is said with very good results.

Blisters have also been employed, and it is said, with benefit, for the purpose of confining the inflammation - but are not

considered a safe remedy, but as extensive ulceration might follow their application.

In Phlegmonous Erysipelas the treatment in the early stages, differs in no way from that employed in the simple variety - except with regard to general blood letting which should be seldom if ever employed. Liquid stimulants are generally required at an early period of this form of erysipelas. Free incisions should be made over the surface occupied by the disease. This expedient often affords the patient great relief - particularly when the inflammation is situated under fascia. If early employed, the remedy will, in many cases, prevent extensive suppuration and sloughing. At a later period incisions are necessary for the discharge of matter and ought not to be neglected. Throughout the period of the disease, the bowels should be kept open and for this purpose, the

milder purgatives should be employed. Tonics and stimulants are of great benifit and their employment is generally required, particularly when the disease has run on for some considerable length of time. Small and frequently repeated doses of quinine, wine, porter &c. are the articles most employed and are found in many cases to be the only articles which can be used with safety.

Bernard C. McGuire

An

Inaugural Dissertation

On the influence of the

Mind upon the Body

Submitted to

the examination of the

Board of Regents, faculty

of

the

University of Maryland

for the degree of

Doctor of Medicine

by

[illegible]

[illegible]

The influence of the mind upon the body

The subject chosen for this Thesis is truly an important one and one, which is too often neglected by the medical profession, and even by the scientific and skillful physician. I do not think it would be presumptuous in me to say, that it is the duty of every physician to study and understand the proper mode of managing and directing, as far as it may be in his power, those immaterial mental agencies, which often exercise as much power in regulating and controlling the marks of disease. The

[illegible], the most intimate that every corporeal disease has upon the [illegible] faculties, and the converse would be true, viz, that every mental derangement would have a corresponding influence upon the [illegible] of [illegible] if the mind suffers from the maladies of the [illegible], that the body would suffer from the maladies of the mind: [illegible] performance of the [illegible] [illegible] the state of mind, that [illegible] of that state, [illegible] to produce a corresponding [illegible] of the entire [illegible].

should also [illegible] to [illegible]
[illegible] dependence from the
close and intimate connection
[illegible] the [illegible] with the [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] [illegible]
mind with the [illegible] [illegible]
to confirm us in this belief. The
mind undoubtedly exerts a most
powerful influence over the body,
both in a state of health, and
in a state of disease. The [illegible]
of our Science are filled with [illegible]
[illegible] [illegible] [illegible]
[illegible] [illegible] used [illegible]
[illegible] [illegible] [illegible]
[illegible]

[illegible] them. The marvellous effects of the metallic tractors of [illegible] which caused so much enthusiasm [illegible] years ago, and which for a time, were advocated by many persons of great attainments and ability. [illegible] describing this delusion [illegible] [illegible] of the following words

The effects [illegible] miraculous. The whole class of diseases, on which the imagination is known to exert its efficacy, rheumatism; local pains of various kinds and in various parts: paroxysms of intermittents &c &c yielded as if by magic. And [illegible]

[illegible]
[illegible]
[illegible] metallic one.

"[illegible]
[illegible] them in nervous diseases,
but in all kinds of cases: and the
effects were found to be most as-
tonishing. Obstinate pains in the
[illegible], were suddenly cured.
That had been [illegible]
were restored to motion: and in
short, says Dr [illegible]: [illegible]
[illegible] of lost parts; or the change
of mechanical structure [illegible]
[illegible] beyond [illegible]
[illegible].

[illegible]

[illegible]

[illegible]

[illegible] we must refer all the

cures, which they effected, to the

influence of the imagination; [illegible]

its immense value in the treat

ment of disease, [illegible]

[illegible]

[illegible]

[illegible] a strict attention to diet and

regimen, is, that influence which

[illegible] on the imagination of

the patient, by the faith which

he has in this pretended [illegible]

[illegible] of the [illegible]

[illegible] Animal Magnetism and Mes-

merism. [illegible]

cases. To enumerate all the well au-
[illegible]
ood, has been influenced [illegible]
[illegible] made [illegible]
[illegible] exceed the limits of [illegible]
Thesis, yet, I can not refrain from
adding a few more examples. [illegible]
a well known fact, that the sight
smell and [illegible] the sight
of a disgusting object [illegible] produce
nausea and vomiting. [illegible]
[illegible], [illegible]
been condemned to death, on being
taken to the scaffold, [illegible]
the effects of fear, without having ex-
perienced the least bodily [illegible]
that our passions and emotions [illegible]

room, the trembling knees hardly able to support their owner, the eyes alternately blinding and suffused, and the violently throbbing heart, ... attest the ... of ... revivalist doctrines ... marvellous are the ... which the body has been influenced by the state of the mind, that we are led to believe that there are ... which are ... its power to accomplish ... would be ... here there has been ... change of mechanical ... induced by ...

[illegible] pus. [illegible]
[illegible]
[illegible] changed. [illegible]
[illegible]
[illegible] authenticated [illegible]
[illegible] Paget, [illegible]
[illegible]
specially [illegible]
[illegible]
[illegible] tumor [illegible]
that it would [illegible], which it
did, and regularly increased, until
he assured [illegible] it would
[illegible] subside, after which, it
[illegible] decreased until it
[illegible] vanished. [illegible]
the question, [illegible]

does exert an influence over . . .

. . . .

other subjects of equal importance.

1st The influence of the mind as

a cause of disease. 2nd. The im-

portance of using that influence

as a therapeutic agent. I will not

arrange these two subjects in any sys-

tematic manner, but, will speak of

them as may be most convenient

. . . . means . . . unne-

cessary repetition will be avoided.

A depressed or perverted state of

the mind and the exercise of

the violent passions and emotions

certainly form an important part

of the causes of disease. . . .

diseases, it seems to be the principal
or even the only cause; in others
its influence is not so manifest,
but appears to perform the part
of a subordinate or auxiliary a-
gent, to more obvious causes: yet we
are justified in believing, that
the state of mind in which a
person may be at the time,
materially aids or protects his
system from the operation of
other causes. It is a general [illegible],
and in my opinion a true one,
that during the prevalence of
most epidemics, and especially
Asiatic Cholera and Yellow
Fever [illegible]

feared them the most, were the first to fall under their influence, and, upon the other hand, those who preserved a tranquil state of mind, were most likely to escape. The influence of the mind exerted as a cause of disease, may be seen in the affections of the heart and brain, in most of which, it is a prominent, and in some [illegible] principal cause. The importance of attending to the mental part of the treatment of these diseases, [illegible] reasons which [illegible] to us, also teach us what [illegible] [illegible]

of [illegible] [illegible] without war-
-ning his patient of the detrimen-
-tal, and sometimes, even fatal con-
-sequences of indulging in the [illegible]
of the violent passions, and the
necessity of keeping the mind as
tranquil as possible. What physi-
cian, if it was in his power to pre-
-vent it, would allow a patient [illegible]
[illegible] threatened with, or [illegible] labor-
-ing from, a disease of the brain,
to [illegible] acquainted with any sub-
-ject calculated to agitate him.
But it is not only these [illegible] dis-
-eases where we see the [illegible] in-
-fluenced by the state of the
mind, although [illegible]

may be more easily recognised [illegible]
them, than in most others. No
one will deny, that the mind ex-
erts an influence upon most of the
diseases, which are called [illegible] Hys-
teria is always benefited by the [illegible]
[illegible] of a proper state [illegible]
is certainly caused by a perverted [illegible]
of the [illegible] Dr [illegible] [illegible]
in speaking of the causes of [illegible]
[illegible]

"Any woman may have hyste-
ria, if she can but have emotions of
mind [illegible] [illegible]
[illegible] grief from disappointed [illegible]
[illegible]
[illegible]

[illegible] almost
[illegible]
[illegible], and probably almost all
those obscure nervous diseases which
[illegible]
[illegible]
[illegible]
of leaking ague. The [illegible]. The
[illegible]
[illegible], of which, would dance
and day until they fell down ex-
-hausted: roll over and over jump
upon bureaus, tables &c, in doing
which. [illegible] would often receive se-
vere injuries and which were [illegible]
[illegible]
[illegible]

[illegible] in ague and fever [illegible]
[illegible] of which [illegible] been [illegible]
vented by the influence of fear;
and there are several other
diseases in which the employ-
ment of the same influence has
been attended by the same effect.
If it be true that the passions
and emotions, of which we have [illegible]
[illegible] over the human frame. It is no
[illegible]
-ing or agreeable nature, exert a
contrary effect. [illegible] has certain-
-ly a powerful influence in sus-
taining those, [illegible]
[illegible]

we always take into consideration in making our prognosis the presence or absence of this emotion: experience having taught us the importance of the subject. It may be asked, if there be [illegible] in which we ought to deprive [the] patient of hope [illegible] instance to inform an invalid that he [illegible] but a short [illegible]. The only answer that can be given to this question is that the practitioner must decide [illegible] [illegible] circumstances of the case [illegible] [illegible]

[illegible]
and the disadvantage [illegible]
[illegible]
the imagination is either arrayed against him personally, or the plan of treatment which he is adopting. The physician who has the confidence of his patient will be successful — if he adopt precisely the same plan of treatment that would be pursued by one that had it not — in cases where the latter would totally fail.

I am sensible of not having done this subject justice, but to do so, would require more space, time [illegible]

my Thesis, thinking that what
has already been said, will be
sufficient to show the ideas
I've attempted to express.

An

Inaugural Dissertation

on

Unavoidable Hemorrhage.

submitted to the examination of the

Provost, Regents and Faculty

of

Physic

of the

University of Maryland

for the

Degree of Doctor of Medicine

By

W. H. Billingslea

of

Maryland

1857.

Unavoidable Hemorrhage.

The period of pregnancy and parturition is [illegible] with interest and with danger. The changes that the [illegible] of the female undergoes at that time are necessarily so complicated and extensive that it would be strange did no deviation from the physiological condition [illegible] ally occur. Of these, no one has paramount claims upon the attention of the practitioner of medicine than that abnormal position of the placenta, usually designated as placenta [illegible]. The frequency of its occurrence, the violent and sometimes fatal hemorrhage that necessarily attends, and its amenability to scientific remedial measures, are strong arguments in favor of its proper appreciation by the physician. Many diseases put the life of the patient in jeopardy but how few, like this [illegible] tably destroy unless relieved, the lives of [illegible] beings equally dear. To feel that life is dependent on your action is certainly not desirable but who would not envy the man who can calmly meet the emergency and snatch the [illegible] victim from the arms of death. Reflection is not necessary to convince us of the importance of a thorough study of this accident. And a consideration of its history, with the measures requisite for its relief will form the contents of the following pages.

Since the time of Lovet almost all writers have made two general divisions of uterine hemorrhage; the accidental and the unavoidable. The accidental is that variety of hemorrhage which takes place from the separation of the placenta when situated on the fundus or body of the uterus. The unavoidable on the other hand, is that which takes place when the placenta is inserted over the cervix uteri; and it is so called because a separation of the placenta and a consequent hemorrhage is certain from the situation of the afterbirth and the mechanism of the gestation and labor. This unavoidable separation of the placenta being the characteristic cause of this accident, I will now proceed to examine the reasons, why this separation must take place.

Until about the year 1824, it was believed that about the sixth month of utero-gestation, the cervix commenced to spread out at its superior part

so as to aid in the enlargement of the body, and that the length of the neck decreased from above downwards in proportion as the term of gestation approached. About the date just mentioned however, it was ascertained that the modifications that the neck underwent during pregnancy had been entirely misunderstood, and that the changes that were supposed upon it were very different from what had been before supposed. In giving a correct statement of the alterations that are now known to be impressed upon the cervix uteri, I cannot do better than to quote the following summary from the work of Dr. Cazeaux. "The [illegible] of the neck becomes softened in the [illegible] of pregnancy, and the [illegible], although [illegible] very apparent in the earlier months, and limited to the most inferior part, gradually ascends so as to invade successively the whole neck from below upwards, though the softening is much less marked and less rapid in the primipara [illegible]

primiparae than in other females. 2; The cavity of the neck dilates simultaneously with the softening of its walls; and further, this enlargement causes it to be spindle shaped in primiparae; and in females previously pregnant, to resemble a thimble, the finger of a glove, or a funnel with its base below. 3rd. The internal orifice remains closed in primiparae even up to the very term of pregnancy, whilst in others it is widely open and constitutes the base of the funnel. 4th. The whole length of the neck disappears in the last fortnight being lost in the cavity of the body. 5th. Contrary to the opinions generally adopted before the time of Mr Stolly's publication, the neck preserves its whole length until the last fortnight; and again, it is not shortened from above downwards during the last four months." According to this statement, the neck does not spread out at its superior part as was formerly believed and consequently we must look elsewhere for the cause of the [illegible] [illegible] take place

in the last three months. I shall be compelled again to have recourse to the work of the [illegible] in order to give his explanation of the manner in which the mechanism of gestation produces hemorrhage in cases of placenta [illegible], as I know of no other which [illegible] completely [illegible] to it. He explains it as follows. "During the first six months of gestation the uterus is developed at the expense of the fibres in the superior part of the body or fundus of the organ particularly; while in the last three months, the fibres appertaining to the lower third of the [illegible] are developed in a rapid manner, and the cavity of the organ is enlarged, in consequence of the distention and growth of this lower part; a proof of which is that the body of the uterus, which was pyriform in the earlier months, is perfectly ovoidal in shape towards the close of pregnancy; and I will further remark that the development of the [illegible] is far more rapid in the first six than in the last three months."

This double phenomena he considers sufficient to account for the seperation of the placenta; for when the afterbirth is placed on the fundus or body, its growth is simultaneous with that of the part of the uterus on which it is implanted, and consequently no seperation will take place. But when the placenta is inserted over the cervix uteri, the growth of the former is nearly completed, whilst the lower third of the womb is but just beginning to be developed. A rupture of the utero-placental adhesions would consequently take place, because the growth of the afterbirth could not keep pace with that of the uterus. This is certainly an ingenious and highly probable explanation of the cause of unavoidable hemorrhage, and until a better one is proposed, we will consider it as the true one. The explanation that has been given by those who believed in the spreading out of the superior part of the cervix, is only true with reference to those hemorrhages that take place in the latter

weeks [illegible] or at the [illegible] of parturition. The effacement of the cervix uteri which then takes place, must of course affect the situation of the placenta when it is implanted on the neck, and more especially where it is inserted centre for centre.

I will now proceed to consider the symptoms that are present in cases of unavoidable hemorrhage. It has been before stated that this variety of hemorrhage may commence about the sixth month and that it is liable to occur at anytime from that period until after the dilatation of the os uteri. The discharges that take place during the last two months are apt to be renewed at short intervals, although this is not always the case. Should the anticipating hemorrhages do not take place at all, and the woman may be surprised when at or near term by a sudden and profuse discharge of blood. It is commonly preceded by pain and in most cases the discharge is preceded

nor so profuse, although the hemorrhage is increased during the contraction. After the blood flows for some time, coagula will form, and the flow of blood cease, but it generally returns especially if pain attend. If the blood flows profusely we shall, of course, have in a short time, the symptoms that usually accompany excessive losses of blood; such as, paleness of the skin, dimness of vision, syncope, coldness of the extremities and feebleness of the pulse, the intensity of which will be in proportion to the strength of the woman and the rapidity and abundance of the flow. Whenever a uterine hemorrhage occurs in the last three months of utero-gestation, it becomes the duty of the physician to endeavor to ascertain its cause. The question is one of importance both as regards the prognosis and treatment, and in cases of emergency we should use all the means in our power to ascertain the true condition of the uterus. When the hemorrhage is sudden and occurs early, we are not justifiable in

resorting to extreme measures to find out whether the case is one of the accidental or the unavoidable variety, when perhaps our treatment would not be materially influenced by it. But when, as is sometimes the case, the flow is sudden and profuse placing the patient's life in imminent peril, it will be necessary, in order to establish a clear diagnosis and consequently an effectual mode of treatment, to make a vaginal examination to ascertain what is the nature of the accident with which we have to deal. It is a matter of difficulty in some cases to distinguish by the touch the existence of the placenta upon the cervix on account of its similarity to coagula which are often present at the same time. According to Dr. [illegible] the former may be distinguished from the latter by the following characters: "1st. The placenta always presents to the touch the sensation of a fibrous structure of greatly considerable firmness 2nd. When this is pressed upon by the extremity of the finger a sensation bearing an organized mass is [illegible]

3d. Its being much firmer in its consistence and offering more resistance to the passage of the finger within it, than a coagulum. 4th. Its not escaping from the finger when its substance is in some measure broken down by the pressure and movement of it." Besides we may be able to recognize the anfractuosities peculiar to the external surface of the placenta. There are some other signs that may be of assistance to us, in making our diagnosis, among which the following are the most important, the unavoidable hemorrhage never occurs before the sixth month, and frequently not until the last weeks of gestation. The patient is not able to assign any cause for the hemorrhage, it having probably commenced without any premonitory symptoms. Upon its first occurrence the loss of blood is generally trifling, but it returns frequently and in increased abundance. It is the opinion of Ramsbotham that the flow of blood in the unavoidable was more sudden and copious, that it was more fluid and florid, and that

coagula never come away until the discharge was on the point of disappearing; in the unavoidable variety the discharge is always increased during the contractions and diminished in the intervals, because the contractions that dilate the cervix destroy the adhesions that unite it to the placenta, and hence expose more bleeding vessels; in the accidental the contrary is the case, for the contraction closes the vessels either by the retraction of the tissue of the uterus, or by the compression of the foetus. Having now stated the manner in which unavoidable hemorrhage is to be distinguished from other hemorrhagic accidents with which it might be confounded, I will now endeavor to lay down some rules to guide us in our Prognosis. The importance of making a cautious prognosis in cases of unavoidable hemorrhage as well as in all others of any gravity, must be apparent to every one. No man, no matter what his acquirements, can state definitely in the majority of cases, [illegible] may confidently be anticipated; for there is no[illegible]

condition so secure in which untoward compli-
cations may not arise, and there are but few
symptoms that are sure harbingers of death.
In unavoidable hemorrhage particularly it is
impossible to tell how soon or how suddenly a
thousand bleeding vessels might be unplugged.
and the life of both mother and child be ex-
tinct, before nature or art could stop the gushing
torrent. Considering then these things, and the
fact that the reputation of the physician may
be injured by encouraging hopes which may
be speedily prove delusive, we should remember
always to guard our prognosis with due reference
to the uncertainties of the disease we are endeavor-
ing to combat. Of the two varieties the accidental
and the unavoidable, the latter is considered the
more dangerous, because it is liable to recur several
times, and moreover, the placenta being frequently
separated from the uterus before the birth of the
child, the latter is oftentimes fatally asphyxiated.
If much blood is lost the patient's death may

be broken down, and she may suffer from headache, painful digestion, and defective hearing and vision. Those who have been affected with profuse hemorrhage are far more liable to acute inflammations, which also are more rapidly fatal, because they can not be actively treated.

Treatment.

When we recollect how alarmingly profuse and how decidedly dangerous this variety of hemorrhage is in some instances, we see strong reasons for careful attention to the treatment that is adapted to each peculiar condition, so as to be prepared at a moments warning to render our patient if necessary, every available resource of the medical art. This is the more desirable, because our treatment if timely and properly applied, fails as seldom of relief in these cases as in any others to which we are liable to be called. It is one of those extraordinary cases, says Lewis, in which nature does less for the individual than for almost any other. "This he continues," does not arise so much from want of exertion on the part of nature,

if I may so term it, as from the almost entire incompatibility of giving birth to the child and protecting the woman against flooding at the same time. It has been before stated that unavoidable abortion occurs before the sixth month and that it is the principle in amount, but may occur at intervals until the commencement of labor. In considering the treatment, I will first speak of moderate hemorrhage occurring in the last three months, and afterwards of profuse hemorrhage as the treatment differs somewhat in the two cases. In moderate hemorrhage in the last three months we have two prominent indications to fulfil, viz, to stop the floodings, and also to preserve the foetus. It will consequently be necessary to avoid such treatment as would have a tendency to excite uterine contractions, and if these have already been established we must make use of measures in order if possible to quiet them. To accomplish this object, we should give enemata of sugar of lead and laudanum every hour or so, in

some mucilaginous vehicle until the pains cease. These means are also useful in promoting the coagulation of the blood and consequently stopping the flooding. If it is impossible for us to detect the situation of the placenta upon the cervix uteri before the full period without much fear and pain, when the hemorrhage is moderate, we should treat both varieties as if they were cases of placenta previa, as in so doing, we will err, if we err at all, upon the safe side. Bleeding is recommended by some authors in these cases of moderate hemorrhage before labor, and it certainly proves useful where plethora and undue excitement of the arterial system exists. Some general attentions to the patient are necessary in all cases of uterine hemorrhage, among which the following are the most important. The patient should be placed in a horizontal position, having the pelvis elevated somewhat higher than the rest of the trunk. Tranquility of both body and mind should be insisted upon as far as practicable.

Cold applications should be employed and acidulated drinks should be freely given her. The sugar of lead should be exhibited as before advised, and the bowels may be kept free by mild injections so as to obviate straining at stool. These general measures being attended to, the flow of blood will generally cease, if it is the first time it has occurred and it is moderate in amount. Should, however, the blood continue to flow and in large quantities the case must be managed precisely as if the patient had arrived at full term when the hemorrhage commenced.

Artificial dilatation is the means most frequently resorted to in order to hasten the birth of the child, and put a stop to the hemorrhage. But to perform an artificial dilatation the uterus required to be in a proper condition. We would not certainly undertake to introduce the hand and bring down the feet when there was no dilatation or dilatability of the cervix; neither can we allow

the patient to lose a great quantity of blood by waiting until the condition of the uterus becomes favorable to delivery. The obvious remedy in these cases would be to make use of some measures that would restrain the flow of blood, until the cervix uteri should become dilated, and this indication is fulfilled by the use of the tampon. By this agent we put a stop to the flow of blood by affording a surface favorable to coagulation, and thus save the woman a loss of blood that would certainly have diminished our chances of success in the operation of turning. M. Dubois advises us only to have recourse to the tampon in those cases in which the placenta is inserted centro-forcentro, or in other words when the placenta covers all the superior part of the internal orifice, and the membranes are inaccessible, or can only be reached by detaching some portion of the placenta's circumference which is still adherent. Where however the placenta corresponds to the orifice by only one of its borders, and particularly [illegible] it is

inserted on some point adjacent to the orifice. He recommends an artificial rupture of the membranes; being satisfied, that after the waters have escaped the child's head being compressed upon the dilated portion of the placenta will put a stop to the hemorrhage. Some strong authorities and among them Dewees do not entirely agree with him. He says the membranes should never be ruptured in the unavoidable hemorrhage with the expectation of stopping the flow; more especially before the uterus is sufficiently dilated or easily dilatable. He assigns the following reasons for his advice. 1st. Because they cannot be reached without great difficulty in some instances, and in those cases where they are reached it is either by piercing the centre of the map, or separating a portion of the placenta and thus increasing the extent of the bleeding surface. 2d. When they are pierced and the os uteri dilated it will very rarely stop the hemorrhage. 3d. When it does not do this, we are sure to [illegible] the difficulties of turning increased.

4th Should the flooding for the moment cease upon the discharge of the waters, it is sure to return as the pains increase and the uterus expands. It is now, however, generally agreed, that the plan recommended by M. Dubois is the preferable, and that we should not hesitate whenever the membranes are accessible without breaking the uteroplacental adhesions, to rupture them and discharge the waters. When profuse hemorrhage occurs about the sixth month the tampon should be used so as to allow the os uteri to dilate and the pains to increase: the placenta and foetus are generally thrown off in these cases without manual interference. When the os has become dilated so fully dilatable, that a force within its centre will expand without rupturing it, we should proceed at once to the version. Turning is necessary sooner or later in almost every case of placenta previa and it is essential to the success of the operation that we should not delay its performance so long as to render it wholly unavailing. We should not wait in every instance until the os is dilated

to the size of a shilling, nor always when it has opened to that size should we attempt to introduce the hand; its degree of dilatability should also be taken into consideration as well as the strength and general condition of the patient. Dunn makes a distinction between the physiological dilatation of the os, and that dilatation which is the result of the universal facidity which precedes death. This, he thinks, accounts for the variable success that attends the operation of turning. It is always desirable to turn before the bag of waters has been ruptured, for if all the waters have drained off, the walls of the uterus compress the body of the child so strongly, that it is exceedingly difficult to perform the evolution. The position of the woman for the operation is of some importance. When we can choose the position, it is generally recommended for her to be placed upon her back, with her hips drawn near to the edge of the bed and her knees bent.

At times the patient may be found so reduced from loss of blood, that it would be advisable to perform the operation in whatever position she may be found. When the placenta is attached centre for centre and no part of its circumference is detached, some authors advise us to pass the hand directly through the mass. The weight of authority is however strongly opposed to this practice, and for good reasons. It is unnecessary to perforate the afterbirth [illegible] might be sufficient to detach its edge from the uterus. Besides the opening in the placenta is not large enough, and when the body is brought down through the opening [illegible] displaced, the head of the child extended, and if we then attempt to bring the body through the perforation, it will be likely to [illegible] of the child is [illegible] the placenta a large number of [illegible] ramifications are ruptured, and a fatal hemorrhage ensues.

The plan generally adopted and certainly pref-
erable to the one just mentioned, is to rupture some
of the utero-placental adhesions and pass the hand
between the edge of the afterbirth and the uterus.
There would of course be some of the utero-placental
vessels ruptured by this proceeding, but the arm
of the operator by firmly compressing them
would stop the hemorrhage. When the hand
has arrived opposite the feet, the membranes should
be ruptured, and the feet seized and brought
down. As we can completely control the discharge
of the waters by our arm, we would of course only
allow them to escape as suited our convenience.
The uterus should not be emptied too suddenly
of its contents, particularly if the patient be much
weakened, as it predisposes the organ to fall
into a state of atony. Should the head from
any cause have advanced too far to admit
of version being performed we should have re-
course to the forceps. If the placenta is not
and entirely detached from the uterus.

a short time after the birth of the child, we should, if the [illegible] [illegible] [illegible] [illegible] [illegible] the hand and seperate it, as it may be the means of [illegible] [illegible] [illegible] [illegible] contraction, [illegible] [illegible] [illegible] of the bleeding vessels. If the [illegible] [illegible] continues after the discharge of the placenta, it will be caused by inertia of the matrix, which should be removed by abdominal frictions and other remedies which would be [illegible] [illegible] directed under another head.

[illegible]

An

Inaugural Dissertation

On

Pleuritis

Submitted to the Examination of the

Provost Regents and

Faculty of Physic

of the

University of Maryland

for the

Degree of "Doctor of Medicine"

By Colin Hunter Lambert

of

Maryland

1857

Pleurisy. (Acute.)

Pleurisy is a disease characterized by inflammation of the Pleura — a serous membrane covering the lungs. From the locality of the disease and the obstruction it gives to the most important function of respiration — it can be readily understood with how much danger the disease is attended.

It will be proper thus early to state that, in most cases, the symptoms of pleurisy are such as seem to point to a case of pneumonia, and, therefore, it requires a nice discrimination and skill on the part of the practitioner to distinguish properly between these two maladies; the respective symptoms of

which, however, will be more particularly alluded to when I come to speak of the diagnosis of Pleuritis.

Having defined the essential nature of the disease, or, in medical language, its Pathology, I am naturally led to state the causes which are competent to its formation, and the period of the year we are most apt to meet with it. Exposure to cold and wet is a prominent agent in its production; this of course must be considered as an exciting cause — a predisposing cause consists in a feeble and debilitated state of body; as to the period, winter is the season in which it is most generally met with.

I proceed to consider the means we have at our command, in order to detect a case of pleurisy; these means consisting, as is now well known to the medical world, in what are termed the "general and physical signs," and I cannot mention these terms without appreciating, in common with all those who have adopted the noble and honorable profession of physic, the wisdom and intelligence of the immortal Laennec and Laennec who have done so much to illumine the path of our science, and to aid the medical man in his investigation of not only this, but, indeed, of all those diseases

which are technically styled "Thoracic". They have bequeathed to us a standard of certain abnormal sounds, by which we can now readily fail to discriminate one disease of this class from another.

Strange as it may appear, and, at the same time, showing the amount of credit these lights of medicine deserve at our hands, I will remark that, without a correct knowledge of these signs, we would be certainly in the dark in our investigation of Thoracic and Cardiac troubles — such confusion and disappointment ever attended the results of those who pursued physic up to a very late period of the present century; for, all

the diseases of the chest have more less some general symptoms in common, one with the [illegible] — so that we now place very little confidence upon a rational process of diagnosis, per se. This will be illustrated in discriminating between Pleurisy and Pneumonitis — as I must necessarily do before arriving at a systematic conclusion of my subject.

Now to say here there is a case of Pleurisy, the [illegible] symptoms [illegible] I likely find in my patient? We have a train of symptoms, each one of which taken by itself, [illegible] [illegible] very little help in arriving at a proper diagnosis — but taken together there is much utility; these are—

-pain or "stick in the side;" (from the peculiar lancinating character of such pain.) Cough, dyspnea, and the "decubitus," or the particular position the patient assumes in bed, by reason of the existing malady. I might be quite lengthy in commenting upon each of these symptoms in succession, but this may be totally superfluous — suffice it to remark that in any given case, one or other may be entirely absent, yet a sufficient number always present to guide the prohibitioner in right path. But having witnessed several cases of this most acute and grave disease, and passing in review the several symptoms (I mean the

-"rational signs") which Authors have united in alluding to as Characteristic of Pleuritis, my attention has in many cases, been called to the presence of the pain, and I am consequently inclined to the opinion — (and this opinion is corroborated by nearly all the Authors who have written upon the subject —) that the cases are very few indeed in which this sign is wanting; moreover, there is something in the nature of this sensation — pain — that merits more than a passing notice, than saying it goes to form the set of local symptoms above depicted; most Authors if I [illegible] describe its quality as being

"cutting," or "lancinating," and I very well remember in what a quaint phrases a patient whom I was directed to deplete in the "Balt. Infir." pictured to me the feeling he experienced whilst labouring under this affection of pleura – "said he, "It seemes as if some one had dirked me," and this I should think explains sufficiently well the nature or kind of the pleuritic pain, though pronounced by a "jocos old tar." In nine out of ten perhaps the pain is located just beneath the one or other of the breast, but after all, as Dr. Chew, of the "University of Maryland," has said, you may find a patient complaining of most distressing pain in

one side — and that
the right side, for example,
whilst this is perfectly
free from any disease,
and the left side (of which
he had not complained) may
be the one morbidly affected
As to the difficulty of
respiration, it so happens
that I have seen one instance
of what Authors speak
of as being very rare, viz:
a pleuritic patient who
experienced no trouble in
breathing, although the
Country Dr who attended
him after making an
accurate physical explor-
ation of his chest, said
that a large quantity of
effusion had taken place.
Such then is a brief
outline of the value and import

-tance of the most prominent of the external tokens which the disease presents, and I have been reviewing things as happening in the onset of the disease. I mean before any effusion has taken place, and it is in this stage, when there is a high degree of inflammatory action going on and affecting a most important envelope, i.e., the Pleura, and it is in such a condition that the local symptoms are to be chiefly regarded, in as much as the Auscultory means canot be called in, for in this condition of the case there are wanting those circumstances which must exist in order to produce those abnormal sounds which auscultation and percussion brings to our aid, in this first stage, a case

of Pneumonia might be mistaken for Pleurisy, but this can if rarely ever occur— we might gain much of them that the ingress of former is accompanied with more prostration of strength and debility; for example: it is well known that a person affected with Pleuritis may open the door of his chamber and meet the morning visit of his physician whilst one with [illegible] [illegible] and could hardly avoid keeping his bed and assuming the recumbent posture.

So that this difference of of course, had to anticipate a little the Diagnosis proper, but it is only as respects the local manifestations.

This I state of independence very rarely Pneumonia being in the

first stage, but in the ordinary
very rapidly yields to what is
known as Pleuritic effusion.
(This exudation of serous fluid,
Coagulable lymph, or even pus,
is another example of the well-
known effects of inflammation
of any serous texture in the
body.) Here then we have to deal
with a most unrelenting foe,
and here too comes a period when
the medical man has unfortun-
ately to deplore the inefficien-
cy of the "medical art" in
arresting the enemy when he
first made his appearance in
the comparatively harmless garb
of "Inflammatory Action," or
has to charge ~~[illegible]~~ himself
with a want of skill in rightly
applying those curative agents
which, in the hands of others
might have cut short the disease

- and thus avoid the necessary consequence — effusion.
The physical signs, which in the first stages, were of very little moment and small utility as a means of discriminating the case, now serve us very materially and effectually, for without them, we would be in darkness and confusion.
It is apparent from what is known of the conditions which must of necessity prevail in order to alter the natural and healthy sounds of the chest to ones unnatural, that such a quantity of liquid in the serous sac, making firm pressure upon the breathing machine must necessarily make us familiar with a series of morbid [illegible] sounds — each differing according as the [illegible]

condition may chance to vary.

If now percussion be made over the chest we obtain just such a sound as we would expect to find, which is a dull and flat sound — such dulness being more or less extensive in correspondence with the greater or less amount of liquid effusion. It can be scarcely necessary to account for such a want of resonance more than to bear in mind the fact that in this case the lung is deprived almost entirely of air, which is essential to give a clear sound when the walls of thorax are percussed.

Now proceed to define the natures of the physical sounds, as they occur, respectively. We will begin with that quiet and calm respiratory

murmur which belongs to a
condition of health when the -
lungs are freely expanded & filled
[illegible] tity of air) and the pure
morbid sounds take its place.
In order to compensate for such
a loss of the natural and healthy
sound of the diseased side, the
corresponding side furnishes a
note, exagerated clearness, or
it may be even harsh — so
loud indeed as to be termed by
most intelligent Authors
who have written upon the subject
"puerile respiration" or that
degree of it which is incident
to the breathing of a child; again
if the effusion be of sufficient
quantity to surround the larger
Bronchi and drive the lung
away from the walls of the
chest, the respiratory murmur
can be distinctly heard through them,

-or, more properly speaking "bronchial respiration", here too the intonation of the voice as it passes through these larger tubes, is also clearly perceptible — This is correctly called by the same Authors who mention the disease "Bronchophony". This is not exact-ly what is heard, however, but these two sounds differ somewhat from what we hear from ... we hear in Pneumonia, strictly speaking, is what is termed "Egophony" — which is but a modification of the former.

Before proceeding farther, I would state that it is not very rare that pneumonia plays alone, for it may be complicated by the presence also of Pneumonia or Bronchitis. When these form part of the disease they give it ...

-for discovering theire respective presence, be it the one or other. To explain: should the expectoration be a frothy mucus, there is no difficulty in pronouncing the case is one of Bronchitis; but if it be rust-colored, Pneumonia is present.

Now I approach a part of my subject of the utmost importance, and one that requires, above all diseases, a vast amount of acumen and knowledge on the part of the medical man: and indeed this importance is manifest, when we remember that it now remains to be determined whether there is before us a lung consolidated by inflammation, or a serous membrane filled, to its utmost capacity, with some kind of fluid — in other words, it remains

to be decided whether we have to treat pleurisy or pneumonia, in as much as both of these affections give us some signs in common; yet, we are not altogether without methods of distinguishing the one state from the other. Surely this is a period which calls forth all the learning and sagacity of the practitioner and calls for much patience on his part.

Now, then, in the first place, we can gain more or less information from the patient's history; besides which we are to bear in mind the sharp pain which accompanies a case of Pleuritis; moreover, the cough is short and dry, and lastly the sputa of Pneumonia is almost always [illegible] in character.

But let us now return to more important points: It is a fact proved by experience, time after time, that, owing to a large effusion, the Thoracic boundries are frequently distend — they protrude outwards; This is seldom due to pneumonic consolidation; even in such a case the intercostal spaces, (those parts intervening between one rib and it's fellow,) would be obliterated and brought on a level with the ribs; Second, in a case of Pneumonia in which solidifies a lung, the "vocal thrill" is transmitted through the Bronchi, for the reason that the hardened lung surrounding them is a good conductor of sound, which is not the case when these tubes are surrounded by a quantity

of liquid effusions, which tends to deaden or to entirely obliterate the sound of the patients voice; and here two we are furnished with another lemement that may be of a great deale of utility in making a correct diagnosis of the case.

'Tis a fact that if there is a particular position of the patient during the existence of the effusion — when that is great in amount. In regard to the special posture in which the patient in this condition assumes, there have been expressed very many and discordant opinions, but if we are to follow the statements of a no small number of the wise and discreet observers who have left their writings to us, I am of the

of the effusion that the "Decubitus" obeys this law, viz: when the Pleura contains much effusion, he reclines in what is called a "diagonal position" — neither upon his back or upon neither of his sides, almost sitting — but this posture fluctuates between the two, i.e., "rec" in favor of the side which is the seat of the disease; whereas in Pneumonia, the patient is indifferent as to how he is placed in his bed.

Bearing in mind, therefore, these facts, and remembering what conditions there must be present to reveal them, respectively, I am led to think that we must be blind or foolish indeed not to discover what particular

-tisue or organ is affected in any given case of disease.

It is evident that I have dwelt most minutely upon these diagnostic points respecting Pleuritis, and Pneumonitis; yet, I think it was very necessary so to do, for these two affections similate each other in several important particulars, and it is a nice point for a physician to come to a judicious conclusion as to the one or the other — truly here he has a fine opportunity to give his patient full benefit of his medical skill and understanding, — and to crown himself with glory and to impress the community that, after all, physic is a science, and an honorable and exalted one.

In as few a words as possible I have endeavoured to review the subject of "Acute Pleuritis" in all its bearings. I have touched upon the pathology of the affection, the phenomena to which it gives rise and what we are to conclude from the appearance of such morbid phenomena as they arise. I have also traced it through its peculiar stages and alluded to to auscultatory means at our command to detect these same stages and finally I have pointed out its diagnosis from other affections that might be mistaken for it. Now of course it behooves me briefly to allude to the prognosis of the case..

If it so happens that one
meet with Pleurisy on a
vigorous and plethoric constitution—
if his previous health has
been good and not disordered
by any depressing maladies we
may safely say there much
reason to believe that he will
be restored to former
condition without a great deale
of trouble — besides his chance
of recovery is enhanced if the
disease be in its first stage
I mean the condition when active
inflammation is present; on the
contrary, if much effusion be
present, we are obliged to look
unfavorably upon the case.
Secondly, if the disease occurs in
a debilitated and worn-down
system, the case must of
necessity wear a gloomy aspect
still more dreadful will it be if

- effusion has taken place.

Such then is the manner by which we are to be governed in prescribing a proper and satisfactory treatment in any given case of Pleurisy.

The treatment of the disease will now be considered, and fortunately for us this is agreed upon by all to be pre-eminently satisfactory in highest degree. Our curative measures are generally divided into two classes, viz; those applicable to the first stage, and those to be adopted in the latter. It is hardly necessary to remark that the treatment is strictly Antiphlogistic in character, - except perhaps towards convalescence, when it may be considered somewhat tonic, or sustaining in its nature.

Where we meet with a patient with such signs as plainly denote that the nervous tissue alone is troubled with inflammation, and effusion is still absent, the means to be used may be readily anticipated — they must be absolutely antiphlogistic, and must be applied with a bold and vigorous hand, because, as before mentioned, the stage of effusing rapidly approaches.

Among the most useful agents of the antiphlogistic class venesection stands pre-eminent, and when it is resorted to the blood must be drawn not sparingly, but copiously and vigorously. Perhaps the pulse may fall after the first bleeding, and it may be necessary to repeat the bleeding.

General-bloodletting is not to be trusted to alone, for there is another powerfull depressing agent which, haveing a tendency to sedate the action of the central organ of circulation — the heart and larger vessels, [illegible] an indication as is to be fulfiled in "Acute Pleuritis", during the stage of "inflammatory action" it becomes very applicable — I allude to the drug Antimony.

More than one preperation of this agent is in general used — but from the large experince of those who have employed it, as well as from what I have witnessed of its action in cases which have entered hospital during the past year, I canot help preferring the preparation of Antimony et Potass, know as "Tart Emetic".

The administration of Antimony is a matter of some moment, from the fact that it is an irritant to the mucous membrane to the stomach — a matter to be held in mind when it is given; in order, therefore, to obviate such injurious results as may follow its administration it should be given in such doses sufficient to produce only "decided nausea" — say from the fourth to a half a grain in adults and in correspondingly minute doses in children.

"The Antimony may be usefully combined with calomel — which is particularly applicable by itself on account of both its antiplastic as well as its antiphlogistic power — The following ℞ may be taken as a type of a proper combination of these two drugs:

℞ Hydrarg. Proto Chlor. grs xii. Tart Ant et Potass. gr iii

ft-chart. nomb. xii- one to be taken every hour or two.
These then are our great sheet-anchors for the first stage, those means to be adopted when the stage of effusion has come on will now be considered.

I have before incidently remarked that Calomel possesses much power as an antiplastic remedy, hence it becomes our great dependence in order to promote the absorption of the fluid and it should be given with this view till ptyalism is established. Along with its administration counter-irritants are to be vigorously resorted to; blisters are to frequently applied, but if the local pain should be experienced, showing that there is not a decided effusion, cupes

— or leaches are to be applied, purgatives also are of no small utility — they answer an important purpose by reason of there depleting effect — the best cathartics are those of the saline class.

Now, should all the measures above-mentioned prove of no avail and the disease be protracted, we have what might be called the chronic form — which by itself, demands to be spoken of as an original topic, still as it happens to be thus a sequel of the preexisting stage of inflammation I must speak of its treatment briefly.

The indications to be fulfiled are to sustain the vital powers — to vivify the blood, and thus assist nature, whilst she labours under a depressing load.

The patient should be put upon such a diet as is nourishing and at the same time not too stimulating; as to drugs some preperations some preperations of Iron should be given; Iodide of Potas should also, it being both an alterative and sorbafacient in its effects, such then may be considered a general and judicious summary of what constitutes the treatment of Pleuritis - from its inception to its termination in health or in death.

I cannot conclude Gentlemen, this task you have assigned me, without expressing your charity and indulgence for whatever imperfections tender years and

a want of experience in the untried medical world may have suggested.
I now take leave of you with an acknowledgement of the priviliages and opportunities you have afforded me in order to attain that position as a medical man which you yourselves enjoy with high ~~Zonourto~~ and veneration of the noble proffesion you have adopted.
May my future be as happy as your past has been luminous and triumphant.

Finis.

An

Inaugural Dissertation on

Rubeola

Submitted to the Examination of the

Provost, Regents and Faculty of Physic

of the

University of Maryland, for the

Degree of Doctor of Medicine

By Elias H. Burns

of Maryland 1837

Measles. (Rubeola)

Is an eruptive and contagious febrile disease, Characterized by well marked Catarrhal Symptoms. The rash making its appearance usually, on the fourth day, very seldom earlier but often delayed until from the Sixth to the tenth day. The fever not abating, as is generally the case in other eruptive diseases, on the coming out of the rash.

The disease is ushered in by chilliness feeling of Languor, and pains in the head and limbs; followed by hot and dry skin, quick pulse, and all the other well marked Symptoms of febrile disease, Accompanying or preceding these Symptoms, are the Catarrhal indications, inflammation of the

Mucous Membranes lining the air passages, Mouth, Eyes and Nostrils with copious secretions from the affected membranes! With sore throat, dry hoarse cough, and often difficulty of respiration —

There is no uniformity in the severity of these symptoms, or the attack — sometimes being nothing more than what belongs to an ordinary attack of bad Cold, with slight fever, and very little eruption; in other cases the fever is very high, and the Catarrhal symptoms severe with a tendency to Thoracic Complications! These symptoms generally increase in severity for a few days, when a remis-

sion is experienced, which however, is only temporary, and returns with increased force on the coming out of the eruption; Sometimes the Catarrhal trouble gives way on the coming out of the rash, but the fever generally continues until the period of desquamation, The rash appears at first in small red spots, like fleabites, which disappear upon pressure, Making their appearance, first on the face and neck, and gradually extending to the trunk & upper and lower extremities, loosing its distinct character by becoming confluent, forming themselves into irregular patches, The existance of the rash is evident to the touch—

The Amount of eruption is various from a few spots, or clusters. in some, to uniform diffusion in others; And is usually at its height about the second day after its first appearance, and is attended by extreme thirst and hot skin —

If nausea and vomiting or Convulsions have occurred, they generally cease on the coming out of the rash, the Cough becomes more loose. and the respiration easier; About the fourth day of the eruption it begins to fade first on the face and lastly on the extremities, which is followed by desquamation. but in some this does not take place. and is attended with troublesome itching

When the fever and eruption decline the Thoracic Symptoms increase instead of yielding, which is the regular course, and reveal all the Signs of Bronchitis or Pneumonia, and constitutes the great danger of this disease, and demands careful watching to prevent, if possible, so unfavorable a result — Diarrhoea is sometimes present, and when not severe is generally a favorable Symptom — The eruption is sometimes greatly delayed, in making its appearance, by irritation of Stomach and bowels & excessive weakness — exposure to Cold &c. And these causes may make it recede, which it followed

by Convulsions, extreme debility difficulty of respiration and coma, Occasionaly the rash again marks its appearance relieving these alarming symptoms! The time that elapses between exposure to the contagion, and the coming on of the disease is in general about ten days- The disease is evidently Contagious, and depends for its propagation upon a specific poison, often prevailing epidemically and is much more common in winter than in Summer, but all seasons witness its attacks, It is contended by some, that

it may be imparted by inoculation by inserting into the skin blood taken from the eruptive spots and by the saliva and tears of those affected with the disease.

Its attacks are not confined to any age. The infant unborn and the very old are subjects of its attacks! But it is much more frequent in Childhood than in adult life, because most persons having the disease young are thereby protected, as it seldom attacks the same person but once. Altho there are instances of a second and even a third attack.

The diagnosis in the early stage of the disease is sometime difficult and may be taken for Simple Catarrh, To the experienced Physician it may be recognized by the dry hoarse Cough belonging to this disease, There is an uncertainty felt by the most skilful until the coming out of the eruption, and in some cases there is so little rash that it may be overlooked and mistaken for Catarrh, After the eruption fairly manifest itself, the disease is liable of being confounded with Small Pox, And Scarlet fever; In the distinct variety of Small pox, the fever subsides on the coming out of the

eruption. which is not the case with measles. In the confluent variety the rash is harder upon pressure, and the vesicular character of the eruption; and finally the eruption makes its appearance on the fourth day, and in small pox on the third day: It is distinguished from Scarlet fever by having the Catarrhal Symptoms present at the commencement of the attack, with Secretions from the nostrils and eyes, Sneezing, and dry hard Cough, which does not belong to Scarlet fever, and by there being no ulceration of the throat as in Scarlet fever

From the difference in the coming out of the rash, and its appearance, In Measles it is elevated above the surface of the skin, and of a darker color, from being found in Measles in irregular crescentric patches, while in Scarlet fever it is spread over the whole surface; Making its appearance in Measles on the fourth day, while in Scarlet fever it is found on the second day. The prognosis of Measles is almost always favorable, Unless there be present some dangerous Complication. Which may render it extremely doubtful, The

most dangerous is with bronchitis, and inflammation of the lungs, which generally sets in, if at all, after the disease has begun to decline, and after we have strong reasons to hope that all danger is past. The brain and bowels become in some cases the seat of dangerous disease, And requires careful watching. Pseudo-Membranous Croup sometimes occurs and is an alarming Complication and is most generally fatal; When occurring in persons enfeebled by the

effects of some other disease it is very dangerous.

The unfavorable symptoms connected with Measles are. Severe continuance of the early fever. postponement of the eruption, or the retrocession of the eruption. attended with irritation of the bowels stomach, brain or lungs - attended with delirium. coma - or a continuance of fever. Cough difficult. respiration after the regular decline of the eruption. It is more dangerous in old persons than in young and in winter than in summer.

With regard to treatment; In the mild uncomplicated variety of Measles, very little is necessary to be done, except attention to the condition of the bowels. Keeping them free, confine the patient to the house, preventing exposure to alternations of heat and cold, for unlike Small pox and Scarlet fever it does not bear Cold applications or Sponging the Skin. from its tendency to thoracic affections = And keep the patient on low diet; and sometimes it may be necessary to prescribe some

diaphoretic medicine.
When vomiting occurs in the
Course of the disease, a Solution
of Citrate of Potass may be
given with advantage; Should
the cough Continues after the
Subsidence of the fever, and does
not yield readily to some mild
expectorant cough mixture. Mustard
plaster over the Chest may be
of benefit — Should pseudo-
membranous Croup be threat-
-ened. an emetic of tartarized Antimony
followed by a purgative dose
of Calomel. and small and fre-
-quently repeated doses of tartar
emetic or Specacuanha Milk

generally control these symptoms—

Should signs of bronchitis or pneumonia occur, or a tendency to convulsions and coma supervene, blood may be taken either generally or locally or resort may be had to the warm bath when evidences of internal irritation or inflammation is seen. Caused by the receding of the eruption, or from the tardy manner of its coming out, prompt means should be used to bring the eruption to the surface; by the use of the warm bath, some mild diaphoretic or the abstraction of blood This object may often be accomplished, When convalescence fairly sets in the patient should be carefully

confined to the house, or room, for some days after desquamation has been completed, and the catarrhal troubles have subsided, or entirely disappeared.

E. H. Peirce

Queen Anne's County

Maryland

Feby 14th 1857

An Inaugural Dissertation on Hernia

Respectfully Submitted for the examination of the Provost, Regents & Faculty of Physic of the University of Maryland

For the Degree of Doctor of Medicine

by

John C. Lewis

of

Maryland

An
Inaugural Dissertation
on
Fever.

Introductory

Gentlemen

Allow me to present to your consideration a Treatise on Hernia. I have endeavored to explain my ideas as near as possible with the aid of pen, ink and paper; and hope it will gain your approval.

At the same time allow me Gentlemen to return you my sincere earnest and heartfelt thanks, for the kindness and patience you have bestowed on me for the past two seasons, and believe me when I say it will always be remembered by me with the liveliest emotions of gratitude: and I can hereafter

refer to the days spent with you in acquiring knowledge as the happiest and brightest period of my life.

It has always been my strenuous effort to win your approval and I have studied hard to do so, even when suffering much in mind from my sad bereavement, the loss of my dear Father. I have done all I could under the sad circumstances to toil and endeavor to make myself worthy of the esteem of my kind and indulgent Professors and if I have succeeded it is to you alone I owe all. It is a source of pleasure to me and I hope also to you to know that the kindly

feelings that have always existed between us have never for one moment been marred, and I assure you that on my part it will always be thus, and that in after years we can look back on the past with feelings of pleasure and satisfaction,

Allow me Gentlemen in closing my Introductory remarks to again return you my heartfelt thanks, and best wishes for your future welfare and prosperity.

Very Sincerely
Your former Student & friend
Jno. H. Stevens

The term Hernia is derived from the Greek word ἔρνος which signifies a branch, protruding from its place, or a rupture.

Surgeons understand by Hernia a tumour formed by the protrusion of some of the viscera of the abdomen out of that cavity into a kind of sac composed of the portion of Peritoneum which is pushed before them, However there are certainly some cases which are not comprehended in this definition, either because the parts are not protruded at all, or have no hernial sac.

The places in which these swellings most frequently occur are at the groin, the navel, labia

pudendi and the front part of the thigh, and also at every point of the anterior part of the abdomen. There are several less frequent instances in which hernial tumors present themselves, at the foramen ovale in the perineum, in the vagina at the ischiatic notch.

The parts which by being thrust forth from the cavity in which they ought naturally to remain, and mostly produce Hernia are either a portion of the omentum or a part of the intestinal canal or both together. But the stomach, the liver, the spleen, uterus, and the ovaries, bladder &c have been known to

form the contents of a hernial tumor.

From these two circumstances of situation and contents, are derived all the different appellations by which Hernia is distinguished. If a portion of the intestine only forms the contents of the tumor, it is called Entro-cele and if the Omentum and intestine form its contents it is then called Entro-epiplocele. If a piece of Omentum only, it is then called Epiplocele. When the contents of a Hernia are protruded at the abdominal ring, but only, perhaps as low as the groin or labia pudendi the case receives the name of bubonocele or Inguinal Hernia

when the parts descend into the
scrotum it is called scrotal or
scrotal hernia.
Femoral or femoral hernia is
the name given to that which
takes place below Poupart's lig-
ament through the crural ring
bounded internally by the lower
attachment of Poupart's ligament
called Gimbernat's ligament, ex-
ternally by femoral vein, poste-
rially by the bone.
When the bowels protrude at the
navel the case is called an
exomphalos or umbilical hernia
it may be called ventral when
it appears at any place in the
anterior part of the abdomen.
The operation for this is a very

particular case, in which the protruded viscera are not covered with a common hernial sac of peritoneum, but are lodged in the cavity of the tunica vaginalis which in this case remains continuous with the Peritoneum, in contact with the testicle, and is not named like hernia in general from its situation or contents, but from the circumstances of its existing from the time of birth.

When the hernial contents lie quietly in the sac and readily admit of being put back into the abdomen, it is called a reducible hernia and when they suffer no constriction, yet cannot be put back owing to adhesions or their

large size in relation to the aperture through which they have to pass, the hernia is termed irreducible.

In incarcerated or strangulated Hernia signifies one which not only cannot be reduced, but suffers constriction; so that if a piece of intestine protruded, the pressure to which it is subjected, stops the passage of its contents onwards towards the anus, makes the bowels inflame and brings on a train of most alarming and often fatal consequences.

The general symtoms of hernia which are reducible and free from strangulation are an indolent tumor at some point of the parietes of the abdomen

most frequently descending out of the abdominal ring, or from just below Poupart's ligament or else out of the navel, but occasionally from various other situations, the swelling mostly appearing suddenly except in the circumstances above mentioned, and it is subject to a change of size, being smaller when the patient assumes a horizontal posture, and is greater when he stands on his feet and draws his breath.

The tumor frequently disappears on pressure, and grows larger again when released, its size and tension commonly increase after a hearty meal, or when the patient is flatulent

Patients with hernia are apt to be troubled with colic, constipation, and vomiting in consequence of the unnatural situation of the bowels, very often however the functions of the viscera seem to suffer little or no interruption.

If the case be an enterocele and the portion of the intestine be small, the tumor is small in proportion. But though as my respected Professor of Anatomy says "it makes but little difference whether there is a yard or an inch of gut down when it becomes strangulated." If inflammation sets in the tumor is tender on the least pressure, but all the prolapsed part be of what length

it may attain tumours of whatever size; if there is no stricture, the tension will be little and no pain will attend the handling of it; upon the patients coughing it will feel as if it were blown into, and in general it will be easily returned; a rumbling noise is often made when the bowel is ascending. If a portion of the omentum form the contents of the tumour it will have a doughy feel when handled and a more unequal, less if the patient is one adult [illegible], and if the portion is large it is distinguishable in a measure by its weight.

If the case be one of entero-epiplocele it is one consisting of both intestine

and omentum, the distinguishing marks are less clear than either of the previously mentioned, still but the disease may be easily distinguished, by one who is in the habit of examining.

Having now given a cursory view of the definition and various names applied to Hernia as the circumstances & situation dictate, we will proceed to an analysis of the anatomy connected therewith. Presenting first to our consideration therefore Inguinal Hernia so named from its protrusion through the Inguinal Canal, we find its first investment to be the Peritoneum, following in order we find Fascia transversalis, Inter-

-cumar fascia, Cremasteric [illegible] Superficial fascia and skin.

It may not be amiss in this connection to give a brief descrip-tion of the sac in which the hernia is contained. The hernial sac is composed of Peritoneum this is pushed down before the Hernia and forms a complete sac, the Peritoneum is the serous membrane which lines the abdomen it is a shut sac & it is obvious that there can not be any protrusion of the intestines out of that cavity with-out carrying with them a covering of peritoneum. this covering is called a proper sac of hernia or the sac.

This sac is changed in size & shape according to the [illegible] of

intestine which may form its contents.

The cavity of a hernial sac is connected with the cavity of the abdomen by an opening, the mouth.

The constricted portion is the neck and the remainder is the body, the closed end is called the bottom; this sac is furnished with different coverings according to the seat of the protrusion it is ordinarily connected with the cellular tissue, and therefore the sac remains external after its contents have been replaced.

The hernial sac is subject to many changes, the peritoneum ordinarily holds its own, yet it is found to thicken in old ruptures, this is mostly caused by the thickening of

the cellular tissue.

The substance of the Peritoneum is very often thickened and has somewhat the appearance of cartilage, those changes are often the result of long continued irritation and pressure which the sac is subject to by the motion kept by intestines.

Those changes are not always in accordence with the size of the sac, for we find the sac generally thin in large ruptures and in the smallest sac we generally find the thickest walls.

The Diagnosis

It is impossible to distinguish indirect from direct hernia [illegible]

it has been of some Assistance from the fact that in a hernia originally oblique the canal becomes obliterated and the internal ring becomes opposite the external and the relation of the epigastric artery is very different to the two kinds of hernia, being to the inner side of oblique and to the outer side of direct hernia. It is the presence of this artery which gives rise to the danger in operating, and the rule given by Surgeons in order to avoid the artery in all cases is to cut the 1/16 of an inch upwards since we cannot depend upon the diagnosis. For from the relation of the artery if we could distinguish oblique from direct hernia we

obviously would cut outwards in the former and inwards in the latter case. The indirect runs down the inguinal canal, and has the artery to the inner side, & in the direct we find the artery to the outer side, this artery runs generally between the two veins.

Hernia may be told from Hydrocele in several different ways, first the swelling of Hernia commences in the walls of the abdomen & that of the Hydrocele is first observed in the lower part of the Scrotum and we have a transparent tumor in Hydrocele and it fluctuates when tapped on the side with the finger. In Hernia we have a more solid tumor and

we can feel no fluctuation, if the Hydrocele of the cord is low down it may be told from hernia, but if it be high up and rather the ring it will be indistinct.
Varicocele resembles hernia very much as the vein enlarges when the patient is made to stand on his feet and it may dilate on coughing but if it will be grasped it will soon tell what it is for none of the former cases have that wormy like feeling when taken in the hand.

Lastly the testicle which has not protruded through the external ring may be taken for a small hernia, but a little care on the part of the surgeon will prevent this mistake.

Treatment

The treatment of Hernia differs according to the kind. It may assume one of four characters viz. Reducible, Irreducible Strangulated or Gangrenous.

In the treatment of Reducible Hernia we first reduce the tumor and afterwards retain it in its proper place. The reduction is most easily accomplished in the morning when the bowels are empty and the patient in a position in which the walls of the abdomen are relaxed. In order to effect the reduction it is necessary for the Surgeon to place the patient in a horizontal posture with the pelvis & shoulders raised, the knees drawn up and the body

bent to the side on which the rupture is found. Having taken these precautions, he exerts a sufficient amount of pressure upon the tumor in the direction in which it has protruded. Should the tumor be of a large size and deep along from the fingers of the right hand are to be applied from the bottom around the swelling, while the thumb & fingers of the other hand are to be directed to the side of the Abdominal ring in order to return the intestine in its proper place as the right hand replaces it. Often the taxis proves unsuccessful but sometimes it is necessary to return a part of the intestine by cutting off small pieces of the hernia which may have become hardened with the gut.

After the reduction is effected, we retain the viscera in their position by wearing a steel spring furnished with a pad at each end and reaching from the point of protrusion to the opposite side of the vertebral column.

We next consider the treatment of irreducible hernia. This must be altogether palliative inasmuch as it cannot be reduced, nor does it partake of the nature of strangulated hernia of which however the patient always stands in danger. We cannot in this case apply the ordinary truss, as inconvenient irritation would be caused; but there is a truss made for the purpose, having a hollow pad made for holding the viscera which have already protruded and at the same time preventing the further protrusion of any more. It is [illegible] has been known to have been cured by

a long spell of sickness, this [illegible] the absorption of the [illegible]. [illegible] are however very rare.

We now turn our attention to the treatment of Strangulated Hernia. Although the symptoms in this case are very alarming, the Surgeon may by the [illegible] be [illegible] to relieve the patient of this horrible malady, in which case one of two things must be the result; the first & most frequent being death from the severe inflammation which has been set up in the abdomen or it may terminate in the part becoming gangrenous and an artificial anus being formed. The symptoms attendant on Strangulated Hernia are first the patient is seized with vomiting and hiccough, a very severe [illegible] in the abdomen, at the seat of the stricture, Secondly the tumor which at one time was indolent & gave little or no uneasiness, be-

the patient on handling, becomes [illegible] tender to the touch that the most excruciating agony follows. If a surgeon be called to a patient who has had an irreducible hernia of long standing, [illegible] who has been seized with vomiting and colicky pains in the abdomen, especially after having taken a hearty meal, his attention will at once be called to an examination of the tumor which he finds swollen, engaged and inflamed. The first indication is to [illegible] the cause of the strangulation, as to the manner in which this is to be accomplished there is great diversity of opinion; some of the methods of relief being in my opinion quite as dangerous as the disease. The use of Tobacco is recommended by some, but the depressing effects which follow its use, & the time lost in its trial which in very many instances proves unsuccessful are contra indications to its employment. A warm bath has

been used with good results having an advan-
tage over tobacco in not containing the narcotic
principal of that drug, which produces such dis-
asterous effects. Emetics have also been recommended
but cannot be relied on. A better method of
treatment if time would allow, would be to inject
some fluid, thereby causing ~~some~~ relief of the
lower part of the intestinal canal and allowing
the faeces to pass on from the contraction of the
fibres. A good plan of injecting is to introduce
the tube of a stomach pump into the rectum &
using a moderate degree of force to throw up a
stream, being careful not to apply too much
force in the injection. Cathartics in my opinion
are only useful when the strangulation is not
complete, for it is obvious that when there is
complete strangulation & the motion of the inte-
stines is stopped below the seat of stricture that
a forced motion would not add to the [illegible]

already set up; the [illegible] would
not be given in inflammation of the bowels; we
would not prescribe [illegible] in inflammation of
the heart, nor allow the patient to [illegible] in
inflammation of the lungs; for it is a rule laid
in the practice of medicine & surgery to always
keep an inflamed organ as still as possible.
In order to allay the vomiting attendant upon
the disease under consideration, a dose of
Calomel and opium would be very efficient.
Blood letting has been recommended in the early
period when the patient is [illegible] and the
inflammation acute. It may either be local by apply-
ing leeches to the neck of the sac, or general by
being taken from the arm. The remedies men-
tioned have all been used for their sedative
effect; another remedy is applying cold to the
tumor by means of a [illegible] of ice [illegible] in a
bladder, [illegible] in the [illegible]

not [illegible] in connection with Chloroform is perhaps one of the safest and best remedies in the possession of the profession. The Chloroform exerting its full effects relaxes the muscles and thereby relieves the engorged vessels, the patient also under the influence of the Anaesthetic is not sensible to pain, which allows the surgeon to use pressure upon the tumor without inflicting suffering upon the patient and resistance to his own efforts.

Should all the foregoing remedies fail we must then have recourse to the knife but it should be remembered that they must not be trifled with in any but progressive cases, and acute [illegible] to the patients life. In using the knife we cut through the various coverings which have hitherto been enumerated, down to the sac, searching for the constriction we relieve it

tion of the remaining portion, called gan-grenous. When gangrene has once set in the alarming symptoms subside; the tumor may be handled without giving pain to the patient, and if we cut down upon it we will find it of a green appearance and very disagreeable odor. The treatment if there be not much gangrene is to replace the intestine and treat as strangulated hernia; but if there be a considerable portion it is better to cut out the gangrenous portion, allow the patch to heal up and then form an artificial anus. In all the forms of hernia the diet should be of a very mild character, and care should be taken not to eat anything of an indigestible kind.

Finis

Finis

An

Inaugural Dissertation

on

Constipation

submitted to the examination of the

Provost, Regents and Faculty

of

PHYSIC

of the

University of Maryland,

for the

Degree of Doctor of Medicine

By

William H. Hollinshead

of

Maryland

1857.

Constipation

However assiduous we may be in the prosecution of interests of far less importance than the preservation of our health, the human mind not infrequently exhibits a senseless indifference to the true value of that inestimable blessing until it is either greatly injured or irretrievably lost. The Apothegm that disease is more readily prevented than cured seems to exert but little influence in promoting the adoption of the means designed to prevent it. and of no condition of unhealthy function is this more true than Constipation. The importance of a daily and regular alvine evacuation is not enough appreciated and rarely sufficiently attended to either by Physicians or others. At first it may be easily obviated, but if permitted to continue long or become habitual it is not only often rendered difficult

of cure but is almost sure to be followed by some of its numerous bad consequences – In treating of this subject I shall regard it as a condition of the bowels in which the evacuations are not as frequent as usual or when the feces are inordinately hard and expelled with difficulty, and Contra – distinguished from Obstruction by the fact that in the latter the intestines are entirely closed against the passage of fecal matter In order to avoid confounding the two conditions I shall consider the retention of the feces beyond 24 hours without the desire of evacuation as approximating a morbid state requiring medical Aid – The slightest grade of true Costiveness can scarcely be regarded a disease in some constitutions as it is often attended by an appearance of good state of health in other respects and seldom continues long enough to offer any serious obstruction to the process of defecation or disturbance of the general functions – When

neglected however being exceedingly liable to give rise to the condition, constituting the subject under consideration — The occurrence of constipation for several days or even weeks is not infrequent, particularly in weak or delicate females who take but little nourishment and do little exercise - The Annals of Medicine abound with cases in which it has existed for a period almost incredible without dangerous symptoms supervening. A case of the kind came under my immediate observation about 2 years ago in the person of a gentleman who for a period of 10 years had not experienced three passages a year, or one every four months. The mental high standing of the party and the absence of every incentive to present an over-wrought history of his condition excited a desire on my part to elicit from him some of the most prominent facts connected with it — He stated that he died

not believe his general health had been seriously impaired by it — that during its existence he had been remarkably exempt from acute disease, his appetite uniformily good, sleep natural and undisturbed, and in a word realized no inconvenience from it, apart from the excessively unpleasant odor of the cutaneous exhalations which subjected him to the necessity of employing free and frequent ablutions — A close interrogation might have elicited some important facts in reference to the perverted action and no doubt would have disclosed, that the kidneys and lungs as well as the skin were liberally engaged in eliminating the effete matters from the blood — In most of the recorded cases, where the period has been prolonged to months, the appetite is represented as deficient, but in this it was uniformily consistent — The majority of persons have one evacuation a day, while others may have two or only one

every 2, 3 or 4 days without any apparent inconvenience - The volume of the passages as compared with the Amount discharged in health will often afford a valuable means of diagnosis, and should not escape the vigilance of the practitioner, who should be alive to the fact, that a person may be seriously constipated, notwithstanding his evacuations may be quite regular in the period of their occurrence, the extremely limited in quantity, occasioned by the retention of feculent matter which often becomes impacted and gives rise to serious troubles - Again it may exist without any diminution in the number of stools or evident decrease in their quantity, as the result of a very slow accumulation, and may therefore be readily overlooked - Its existence should always be suspected, and a thorough examination instituted if the patient complain of a sense of weight or oppression in the abdomen

or at the fundament — a frequent but ineffectual desposition to go to stool, flatulence, Colicky pains, distension of the Stomach, and nausea with or without Vomiting The fecal Matters in Constipation are usually much harder and dryer than in health, often quite Knotty, and attended with much pain and straining in the effort to effect their discharge — These lumps vary in the character they present usually as to color, which is usually allied by the condition of the biliary secretion — Thus at times we find them presenting a healthy appearance, or we may have them black and at other times very light and indicating an almost total absence of bile Mucous discharges longer with fecal Matter sometimes occur as the result of the long continued constipation occasioned by an impacted Condition of the bowels, or by small quantities of their hyaline contents being forced around

the mass or escaping by other means so as to simulate Diarrhea – It is evident that a condition of this kind might by a speedy or careless examination lead to the adoption of treatment, calculated to aggravate rather than relieve the trouble – It is said to be of frequent occurrence in persons of advanced life, and has often been treated as Diarrhea to the serious detriment of the patient – Of the accumulation exists in the rectum it can readily be detected by introducing the finger through the Anus – If in the Colon and considerable in degree it is apt to present the form of a hard Tumor or tumors in the left Iliac fossa, or in the Course of the descending transverse or ascending Colon – When it cannot be felt through the abdominal parietes, it may sometimes be detected by a peculiar dullness, which it gives on percussion – It must be borne in mind

to assume that the presence of organized tumors may give rise to the same abnormal condition — Constipation has its origin in a diversity of causes, and may exist in every imaginable degree — Its variations from the natural condition may be so slight either in the quality or quantity of the evacuations, or prolongation of the intervals as not to demand remedial measures, while on the contrary it may give rise to alarming symptoms and a great diversity of local and constitutional derangements — It may result from an irritable state of any portion of the Alimentary Canal, but it most frequently depends upon torpor of the part devoted to the function of defecation, and although a part only of the digestive tube may be affected, yet the disorder is seldom limited to it, and the functions of the adjacent portions and even of the whole canal may be seriously

compromised) - The causes which give rise to it are numerous, and we shall only attempt to note a few of them - Of these the various indigestible articles of food as imperfectly leavened bread, cheese, nuts &c - Stimulant and astringent aliments and beverages - use of Narcotics, Sedentary occupations, and especially inattention to the first intimations to alvine evacuations, are the most prominent - That unquestionably exerts a powerful influence in its production and we should therefore select a time by going regularly to stool every morning whether one has a call or not - The practice so common to many of making the period of defecation subservient to demands of less importance, or postponing it from slight causes in ignorance of the injurious effects which may result from its frequent repetition is no doubt the reason of its frequent occurrence in many cases -

By our control over the stimulus and we are enabled to regulate to a very considerable extent the alvine discharges, or of resisting the solicitations of nature, which if long resisted in causes an accumulation of hardened fæces in the colon, the presence of which renders it less sensible to the stimulant impression necessary to excite peristaltic action, and it is thereby restrained - To a diminished secretion, or altered condition of the biliary and pancreatic fluids it is often due, or to any cause which impairs the normal properties of the intestinal fluids - The pathological states originating constipation are many and important, and the practitioner should be able to call to his mind the most prominent as upon a recognition of their presence or absence the prognosis and treatment will materially depend - The consequences and terminations of constipation are numerous the intestinal affections as regards the prevention

of such of them as are unfavorable and the recognition of their early approach. Among the most remote consequences of fecal retention are cutaneous eruptions, headache, Vertigo, various dyspeptic symptoms, Chlorosis, Hysteria &c. The violent straining at stool is liable to produce hernia and hemoptysis — When it is too long neglected or improperly treated the most serious and alarming symptoms are often produced upon the bowels and hæmorrhoids and violent colic passing into ileus or enteritis are not infrequent results — These very serious consequences may however often proceed from the administration of powerful drastic or acrid remedies to procure relief — The great danger to be apprehended is the supervention of an insidious inflamation which may terminate in a fatal disorganization of the tissues of the bowel — In all cases therefore of obstinate constipation it is of the utmost importance that the condition of the abdomen be known

especially in respect of tension, tumefaction, and uneasiness on pressure &c - and if any of these symptoms be present, the accession or any progress of inflammation and other unfavorable consequences should be dreaded or even inferred - If to these be added Nausea & Vomiting, heat of skin high Colored urine, a hard constricted or compressed pulse, an inflammatory action of of a serious and unfavorable nature is present and demands the most decisive treatment

The prognosis in slight cases is very favorable and in those of short duration unattended by the symptoms, just referred to - If they be present it should be given with great Caution. Of course the nature and seat of the disease will materially regulate the character of the prognosis - If it be owing to enlargement of of the prostate, contraction of the rectum and Colon, tumors in the pelvis &c an opinion of the result, tho generally unfavorable will vary according to numerous concurrent

circumstances, particularly as respects a permanent recovery or an immediate or remote occurrence of a fatal issue - The means of cure in every case of constipation should be directed with the intention, first of procuring fecal evacuations by such gentle and unvariably means as will accomplish the purpose, and secondly after having effected this end to adopt such treatment as will prevent the recurrence of a torpid condition of the bowels and digestive organs - The slight cases are most benefitted by the use of such means as are generally employed to promote the secretions poured out into the intestinal canal and to excite its peristaltic action - In all cases it is essential to ascertain as accurately as possible the particular viscera at fault, and what function is deficient - Where we suspect it to be the result of torpor of the small intestines and a deficient biliary secretion a full dose of Calomel or blue mass should be exhibited

at bed time, and the ordinary black draught or other suitable aperient the following morning at the commencement of the treatment for the purpose of promoting the secreting functions, both of the liver and the mucous follicles of the bowels, and a moderate action should be kept up for sometime afterwards by appropriate remedies When the stomach is not very feeble great benefit will often follow the administration of the saline laxatives - Their use is especially to be preferred, from the fact that they are far less apt than some others to leave the bowels in a costive state - A very small quantity of one of these salts, as instance, a drachm or two of Epsom or Rochelle salt taken on an empty stomach early in the morning, will often accomplish all that is desired - It must however be born in mind that the alkaline salts long continued are extremely liable to debilitate the stomach and impair digestion, which would

ultimately not only aggravate but confirm the Cause - The regulation of the diet in slight cases as well as in grades of a more obstinate character is of the utmost importance, as alone it will sometimes restore the proper action of the bowels - the food should be of the most digestible kind, and such as does not yield a large amount of feculent residue - Bran bread or bread made from unbolted flour is not liable to this objection, and constitutes on account of its laxative quality an excellent article of diet, and especially so when the constipation is associated with impaired digestion - In all cases the patient should carefully avoid the remote causes, and attend daily to the first intimations to stool and have an early recourse to proper remedies when the intimations are delayed beyond the usual time - In this way much may be done to afford relief, but it should be remembered that purely hygenic means which tend

to prevent a recourse to either mild or active medication is always to be preferred and in all cases should be insisted upon - Moderate exercise, regular habits of life, relaxation from intense mental occupation, change of air and scene, all have a favorable effect by contributing to the restoration of tone to the bowels — Frictions over the whole surface of the body, and the occasional use of the Cold or Shower bath or Sea to contribute to the same end - The use of all Narcotic substances including green tea and Coffee should be abandoned, especially when there is reason to believe that the complaint depends on torpid of the intestines - In the more obstinate or long Cases which have resisted the above or any other means usually employed by former practitioners, we should endeavor to ascertain by enquiring into the previous state of the patients digestive and excretory functions, and by examining the Abdomen, Rectum and parts in the vicinity

the probable cause of obstruction. The account which is may be furnished of the appearance of the passages heretofore, and of the facility with which they have been passed, as well as the sensations felt before and at the time of stool will very materially guide the judgment of the practitioner in conducting in detecting the existence of organic disease of the Colon or Rectum or in the vicinity of the latter. Frequent attacks of Diarrhoea, Tenesmus or Dysentery previous to the occurrence of constipation or of pain in the Course of the Colon or along the Sacrum, should always lead us to suspect narrowing or thickening of the Colon or both in some part of it or the Rectum. In such cases recourse should be had to Oleaginous or Saponaceous injections in preference to the use of purgatives by the mouth. It is proper in almost any instance when the bowels remain obstinately constipated after two or three doses of purgative Medicine have been Administered

to employ enemata - If this treatment be resisted and symptoms of inflamatory action arise as indicated by an irritable stomach oppressed or constricted pulse, and if the patient be plethoric and of a sanguine irritable temperament, immediate recourse should be had to venesection, cups or leeches to the abdomen, and hot poultices or fomentations to the belly. If in the course of a few hours, the purgatives previously given should fail in producing an action the enema should be repeated - If the stomach should be irritable anti emetic remedies must be used - A full dose of calomel will here often accomplish the double purpose of sedation, and originating purgative influence - In cases unconnected with contraction of the colon or rectum a large dose of calomel may be given and repeated once or twice at distant intervals, each dose being followed either by castor oil or the ordinary black draught - When we are

ca to the conclusion that it is attributable to a torpid or paralytic state of the muscular coats of the bowels, and the accumulation of feces consequent thereon. Cathartics purgatives by the mouth, and Saponaceous, carminative or demulcent enemas are perhaps the most appropriate means. In this condition, benefit has been derived from the use of the Extract of Nux Vomica in combination with Aloes and Rhubarb. A vast variety of means besides those named, have been recommended as useful in the treatment of this affection in its various forms, and many of them have been found useful when appropriately presented

Wm H. Rollins Ruffner

An
Inaugural Dissertation
on
Scarlatina
submitted to the examination of
Provost, Regents and Faculty of Physic
of the
University of Maryland
for the
Degree of Doctor of Medicine
by
Osborn Spriggs Eglehart
of
Maryland
1857.

In selecting this disease as the subject for my dissertation, an apology, I should think, is scarcely necessary. That such an important malady should be investigated with the closest scrutiny, can scarcely be disputed, when we consider its great frequency, prevalence and rapid progress. It has no fixed confines, but is diffused universally, and invades alike the palace of the rich and the cottage of the poor: the aged, the adult and the infant are more or less liable to its attacks, and these circumstances I consider, are sufficient to cause every physician to look upon it with the most intense interest and anxiety. But before taking up this particular variety, I shall first enter into the consideration of the general doctrine of Fever.

Fever is a general disease, producing constitu-

of both the corporeal and mental organs, and irregularity of both the nervous and sanguiferous systems and of the organs of secretion, and finally, derangement of all the functions to a greater or less degree. It is the most important and universally fatal disease to which mankind is prone. Its presence indicates a great number of affections, and it is by the absence or presence of such fever that the treatment of the practicioner is to be regulated. It is not always fully developed, and in speaking thus we cannot give an account of all the phenomena that may occur because it is subject to many changes. — In fever we have the cold, hot and sweating stages. There may be also the forming stage, the premonitory symptoms of which are a feeling of weariness and lassitude, accompanied by yawning. Occasionally there occurs chilliness and pain in the back and limbs, and sometimes pain in the head, nausea, disturbed sleep and great debility.

The symptoms are very variable and from them we can judge but little. – The first decided evidence is the cold stage. The approach of this stage is very irregular, being very sudden at times, and again gradual, and occasionally so slight as to elude the notice of even the patient himself. As a general thing however, it is very perceptible, commencing in the back, the sensation of which is, as if cold water was trickling down the back, and though the patient may be warmly covered, he complains much, his teeth chatter, limbs tremble and his features shrink. The pains which we have described above as occurring in the premonitory stage, are generally very much increased during this latter stage, and though the circulation is languid before the commencement of the chill, it is now still more so. The respiration is a little hurried, and sometimes difficult. The duration is very variable, lasting in some cases only a few minutes and in

others continuing one or two hours. The chillness subsides by degrees and passes into the hot stage, when we have a greater heat of skin than natural and the colour returns to the cheeks which become flushed. The eyes are suffused and there is pain in the head to a greater or less extent. The circulation is always accelerated the pulse full and strong but generally not very frequent. The brain is also equally affected. There is mental confusion and the senses are very acute. ——

In forming our judgment of diseases we must make great allowance for the age, sex and constitution of the patient, the temperament of the body, the form of the disease and for external circumstances, such as irritation &c. - The secretions, in fever, are always deranged and are either diminished or entirely suppressed, in consequence of which we have the dry mouth and skin, scanty urine and constipated bowels.

The last stage, that of decline, is characterized by the occurrence of profuse evacuations, such as perspiration, or discharges from the kidneys or bowels. - These have been termed "critical discharges". After perspiration has set in, the tongue becomes moistened, the secretory organs return to their normal condition and the surface of the tongue becomes smooth and presents a healthy appearance. The fur commences generally to leave the tip and then is gradually removed: the pulse is not so frequent, and the aversion to drink and food subside. — The course of fever is very uncertain, but the natural tendency in all febrile diseases, is to run a certain course and then to terminate in the restoration of health. - It has been made a question whether it was proper to cut short a fever. This may sometimes be practicable but it should not be laid down as the foundation of our treatment

because, as I have stated above, it is the natural tendency of fevers to come to a crisis. Occasionally we may observe the febrile action running through its different stages in a few hours. When this is the case, the term "Ephemera" has been applied. When after an interval of one or two days it recurs, it is called intermittent. The period of the febrile movement is the paroxysm, and when there occurs a total absence of fever, the intervening space is the intermission, and the term interval is applied to the whole time, from the commencement of one to that of the one succeeding. When it runs a steady course, without either remission or intermission, it is designated by the term continued. — The causes of fever are numerous. Anything which can produce irritation in any considerable portion of the body, either by too much

excitement or depression, may give rise to it. There may be a natural predisposition, and then, any slight cause will awaken fever.

The two great classes of fevers are Idiopathic and Symptomatic. The first, Idiopathic, is the primary affection, and the last Symptomatic, is the symptoms of some other affection. Idiopathic Fevers are divided first into Periodic, which embraces Remittent and Intermittent: - secondly - Yellow: thirdly - Continued, embracing Typhoid and Typhus, and Lastly, into Exanthematous Fevers. Of this variety, as is stated above, I have selected Scarlatina, which is included in the Exanthematous variety, and shall now proceed to speak of its different modifications. -

Scarlatina is a contagious febrile disease, the characteristic symptoms of

which are, a scarlet flush, which appears generally about the second day on the face and neck, and inflammation of the fauces. The eruption gradually extends and covers the whole surface and ends about the seventh day. It is often mistaken for measles, but can readily be distinguished by the efflorescence not being raised above the skin and by the excessive soreness of the throat, instead of the catarrhal symptoms which so generally accompany measles. — Without any premonitory symptoms of fever, it often comes on with a frequent pulse, flushed face, dry skin, great thirst, and a furred tongue. The rash does not always appear on the second day, but sometimes occurs at the onset. It is generally communicated to the whole body in from twenty four to thirty six hours. It first commences in small red

spirits, then becomes confluent, and in the course of a few hours forms large scarlet blushes over a great extent of the surface; it disappears upon pressure, but instantly returns when the pressure is removed. Sometimes a number of small vesicles and pimples are found accompanying the eruption. The pulse is generally very frequent and strong, and does not decline upon the appearance of the eruption, but continues with great violence during its whole progress. In favourable cases the disease begins to decline about the ninth day, when desquamation sets in. The cuticle comes off in large scales and is attended with itching. The tongue is often covered with a thick white fur, through which projections of small red points may be distinguished. These points gradually increase, the fur disappears, and afterwards the tongue presents a red,

raw-looking appearance.

There are three different varieties of Scarlatina, — Scarlatina Simplex, S. Anginosa, - and S. Maligna. — In the simple form the symptoms are generally but very slightly marked and the attack is usually mild. - The efflorescence is the principle distinguishing feature in this variety, the inflammation of the fauces being sometimes entirely absent, or so very slight as scarcely to be taken into consideration. The attack first commences with the general febrile signs, followed on the second day by an eruption which appears first about the face and gradually extends until it covers the whole body, but is more distinct about the joints and groins. — In the next variety, the Anginosa, which is more common, the premonitory symptoms are more violent, and the inflammation of the throat is one of its most prominent

features. The patient first complains of an uneasy sensation in the throat, which, upon being examined, will be seen to consist of a diffused redness, sometimes of a very dark colour. The fever is severe and the eruption is sometimes later in its appearance and not so extensive. The heat of the skin is very intense, more so than in any other form of fever, and the pulse very high, generally averaging 120. The patient finds it difficult to swallow, and upon examination the tonsils are found to be very much swollen. The soreness of the throat advances in proportion to the progress of the disease. The eyes are very much irritated at times. At this period of the disease, the tonsils and uvula are swollen and of a deep red colour, and patches of a dirty white or yellowish colour, resembling false membrane, are seen upon the surface of the tonsils, and this often imparts a very offensive

odour to the breath; the lips are cracked and very painful, being incrustated. The eruption does not begin to disappear as soon as in the simple form, and it is decidedly much more dangerous than the one we have just described.

We will now pass to the consideration of the last variety, the Scarlatina Maligna, which, as its name well indicates, is truly a fearful disease. In this, the rash shows itself later but very imperfectly, and sometimes not at all. It will often make its appearance and then suddenly recede. It is ushered in by rigors and violent headache, attended with giddiness and faintness. There is great prostration, and the patient is sometimes completely overwhelmed by the shock communicated to the nervous system and dies in a few hours. The pulse is frequent, feeble and irregular, the tongue and teeth are covered with sordes and the eyes are

injected. The respiration is very laborious, the fauces are more inflamed than in the preceding variety, the tendency to stupor is much greater, and in every step can be seen decided symptoms of a malignant character. The eruption assumes a livid hue, frequently interspersed with petechiae. In the throat we have dark sloughs, and the odour of the breath is intolerably fetid. The parotid glands are very much swollen and the fauces are so much filled up with viscid phlegm as to threaten suffocation. — Severe diarrhoea sets in, discharging dark fetid stools, exhausting the patient, and these symptoms generally announce the approach of death. The prognosis is very unfavourable. — The sequelae to this disease are numerous, but the most common is dropsy, generally in the form of Anasarca, a serous infiltration into the subcutaneous cellular

tissue. We may also have diarrhoea, abscess in the submaxillary and parotid glands, bronchitis, enteritis, and a host of others. — Dropsy as often succeeds the mildest as the severest cases. It is generally preceded by languor and costiveness, and the urine is scanty and albuminous. This affection generally yields to proper treatment, but not always and especially not if the heart is involved.

Anatomical Characters. We sometimes discover that the redness has disappeared from the fauces. Congestion of some of the internal organs is found. Signs of inflammation in the mucous membrane of the alimentary canal are frequently discovered, and in some cases, the aggregate and isolated glands are found enlarged and softened. The kidneys are often inflamed and the

blood is also altered by having its red corpuscles increased. But sometimes when the patient has died early, we can trace no lesions of any kind which can explain the result.

Prognosis. — We know no malady of which we can calculate as to the result with less certainty than this, because we often see the mildest cases assume a most malignant character and the patient suddenly dies, and occasionally we have the converse of this. In some families and individuals there is a remarkable susceptibility to the worst form and then, as a matter of course, our prognosis must be more unfavourable than it otherwise would be. If there should be a livid hue of the eruption with petechiae; the same appearance of the fauces with ulcers; and excessive prostration and

sudden retrocession of the rash, our prognosis would be, unquestionably, very unfavourable; but if, on the other hand, we do not have these symptoms, but a decided decline of the disease, then it would be favourable, although our opinion must still be guarded, as I have stated above, that it was liable suddenly to change.

Treatment. In regard to the treatment of Scarlatina, there has been much controversy, but there are certain indications that must be attended to. — The simple variety does not demand much treatment. Should the bowels be constipated, a mild cathartic must be given. Free ventilation, confinement to the house, acid drinks, and the general observance of the antiphlogistic regimen in regard to diet will, as a usual thing, be sufficient. ——

In the second form, a more active treatment should be had recourse to. If the heat of the surface be very high, a very safe and effectual remedy is to be found in the cold affusion. —
Bleeding was at one time thought necessary, but as this will only increase the depression already existing, it is deemed unsafe and should not be resorted to unless the symptoms imperatively demand it, as when there is inflammation in one of the vital organs. Local bleeding may sometimes be advisable if delirium should supervene, and should be applied to the throat. The bowels must be regulated, and if the fever is well established, the patient may be allowed to drink moderately of cold water. In the last and worst form of this affection, our treatment and attention will

be, but too often, in vain. In the ulceration and sloughing of the throat, and the great depression of the nervous system, wine should be carefully administered. Gargles are sometimes very useful, and particularly one of a mild solution of the Chloride of Soda. In this last variety, Chlorine has been highly recommended as both an internal and external remedy. The application of Blisters to the neck and throat has been sometimes attended with a very beneficial effect. Rubefacients may also be used.

During convalescence, the patient must be carefully watched and guarded against exposure to cold and damp air, till after the period that the dropsical symptoms are apt to appear, which is generally the second or third day, and if these do appear and are slight, they

can generally be removed by the use of digitalis. In regard to the prophylactic treatment, children should be kept as far as possible from every source of infection, being less liable to it as they grow older. Belladonna has been very much recommended on account of the belief which many entertain that it contains peculiar preventive properties in this particular disease. It is supposed to produce effects on the system resembling those of Scarlatina, but the weight of testimony is against it.

O. S. Eglehart M.D.

An
Inaugural Dissertation

On
Mercury and its compounds

Submitted to the examination

Of
The Provost Regents and Faculty of Physic

Of
The University of Maryland

By
William D. Scarff

Of Maryland

Gentlemen

I most respectfully submit to your inspection a treatise on Mercury, and some of its preperations. In it I have attempted to give in detail an account of the manner of preparing the most useful, and generally used preperations of that drug, their therapeutic uses, and the method of administering them. I have endeavoured to speak of them in as precise a manner as possible, and give them all the credit they merit. And if this treatise gains your approbation, I will be hitting the mark that I aimed at.

Mercury was known from remote antiquity; and it is the only metal which is not solid at ordinary temperatures, and this feature serves to distinguish it from all other metals. It is found in different parts of Europe, and also in South America, where it exists

abundantly in the metallic state; it is
also found in combination with chlorine,
sulphur, and with sulphur and carbon forming
what is called the horn quicksilver, cinnabar,
and liver of mercury, by mineralogists.
From cinnabar or bisulphuret of mercury it
is readily obtained by the use of lime or
iron; by which process, when lime is used,
chemestry tells us we get as the result metal-
-ic mercury, and sulphuret of calcium and
sulphate of lime. By distilling native
mercury it is seperated from the impurities
which accompany it. Mercury is of a brilliant
silver white colour, with a specific gravity
of 13; it boils at a temperature a little above
660, and becomes solid and malleable about
39 degrees below zero; it then has a specific
gravity of about 14 showing a considerable
contraction in the act of congealing. Its
symbol is Hg and its equivalent 202.
Pure mercury is not altered by exposure to

the air at common temperatures, but absorbs oxygen when heated. When mercury is triturated with unctuous substances, viscid saccharine matters, or some powders, it undergoes what is called extinction; it becomes a fine grayish black or grayish blue mass, in which globules cannot be recognized with the naked eye, or, if properly made, even with a magnifier of four or five times. Various important pharmaceutic forms of the metal are prepared in this manner, such as the hydrargyrum cum creta, hydrargyrum cum magnesia, emplastrum hydrargyri, emplastrum, pillula hydrargyri, and unguentum hydrargyri. The preperation and nature of these various articles, will be best understood by turning attention in the first instance to the manner in which mercurial ointment is prepared, which has been most carefully examined.

"Unguentum hydrargyri. To make this we

must take two pounds of mercury, twenty three ounces of lard, and an ounce of suet. Triturate the mercury with the suet and a little of the lard until globules are no longer visible, then add the rest of the lard and mix the whole thoroughly. In preparing this ointment, unlike other ointments, there has to be necessarily a great deal of time and labour spent on it. When mercury is triturated with fresh lard or suet it requires a considerable time to extinguish it even so far that when spread upon paper, globules can no longer be seen with the naked eye; but to make a good ointment, the globules should be rendered invisible when sought for with a microscope of four or five powers. Various plans have been proposed for facilitating the process. Some of these are objectionable because they yield an ointment of an irritable character, differing from that obtained by simple trituration; but none of them appear preferable to the one

generally practised. The making of mercurial ointment is such a laborious operation that it is now seldom practised in the laboratory of the retail druggist in this country but is made on a large scale by machinary. The materials are kept in a fluid state in a circular iron trough, and are moved about rapidly by two spherical iron balls which are propelled by a steam engine, and extinction is accomplished in the course of twelve hours.

In mercurial ointment prepared in this manner, the metal is not only in a state of fine division, but is also in part oxidized and probably in combination with the fatty acids.

When mercury is heated for some time near its boiling point in contact with air it combines with oxygen in the proportion to form the red, or binoxide of mercury.

It combines with chlorin in two proportions; one is the white insoluble chloride, the other is the white soluble bichloride.

In combination with cyanogen it forms a white soluble bicyanide. With iodine it forms two officinal compounds; the green protiodide, and the red biniodide, both of which are insoluble in water.

With sulphur it constitutes the black protosulphuret and the red bisulphuret both insoluble in water. Its oxides combine with the acids, but few acids have any action on the metal. Nitric acid either hot or cold dissolves it readily, forming in the cold, nitrate of the protoxide, and when heated, nitrate of the peroxide, both of which are soluble in water. Sulphuric acid has no action on it at common temperatures but with the aid of a gentle heat it gradually dissolves it, forming sulphate of the protoxide, and if the heat is increased the peroxide of mercury is formed, which unites with the sulphuric acid and forms a bisulphate both of which are soluble in water.

Other forms of mercury may be obtained by decomposing the nitrate, pernitrate, and persulphate. Solutions of the salts of both oxides are decomposed by the fixed alkalis, those of the protoxide yielding the protoxide of an ash-gray colour, while the salts of the peroxide yield their base of a yellow or red colour.

The medicinal uses of mercury in the metallic state are few. In the present place it will not be improper to give some account of the general physiological and therapeutic actions of the mercurials.

There is no other drug in the materia medica which exerts so great a variety of actions on the system as mercury. Some of these actions are possessed only by a few of its preparations; others are common to several, and one the most peculiar is possessed in a greater or less degree by all of its officinal preparations.

It seems highly that the metal itself is not capable of exerting, any other action than that which depends upon its mechanical properties; but active properties have been ascribed to it by a great many writers, and they defend their assertions by referring to the specific effects induced by such preperations as the ointment, pill, hydrarg. cum creta, hydrarg. cum magnesia, and mercurial vapours in which they contend that the mercury exists in the metalic state.

But it is a law in physiology that metals do not act as such, but must first be converted either into oxides, or salts, and it would be strange if mercury was the only exception. It is quite probable that where mercury seemed to act in the metalic state otherwise than mechanically, it must have undergone oxidation, in some way which has escaped detection. It is evident that mercurial ointment must contain a

certain amount of oxide; sufficient at all events to account for it's acting as a mercurial; and the same thing must exist to a certain extent in the mercurial pill and powders of mercury. Besides it is well known that mercury has been administered in its metalic form in large quantities, and sometimes retained in the bowels for a considerable time without inducing its specific effects; and in those persons where mercurial action has been said to have been excited when swallowed in the fluid state it was most likely caused by the oxidation of a small quantity of it in the alimentary canal. Leaving the metal and considering all its preparations it seems that mercury is physiologically a corrosive, an irritant, an errhine, a cathartic, an astringent, a stimulant, a diuretic, diaphoretic, cholagogue, an emmenagogue, and an exciter of that peculiar state of the system called mercurial action, of which salivation is one of its chief local signs.

Therapeutically it is an antiphlogistic, an alterative, a sedative, a deobstruent, antisyphilitic and anthelmintic.

The corrosive action of mercury is manifested only by those compounds which act chemically on the animal textures. In some instances there seems to be a mutual decomposition of the mercurial and the animal substances; but in others the mercurial compound simply unites with the proximate animal principle of the decomposed texture. The part acted on, however, is disorganized and the result is sloughing. The corrosive action of mercurials is known chiefly as exerted on the mucous membranes of the alimentary canal in cases of poisoning. It acts but feebly on the external surface of the body, because it is there resisted by the dense texture of the skin.

The mercurial corrosives are irritant poisons; a few grains being sufficient to cause death. Their corrosive effects, however, are generally

associated with their constitutional action as mercurials, and the latter action is the most common cause of death. The corrosive chloride and the bicyanide of mercury, and also the nitrates used for preparing other compounds are all known to be powerfully corrosive.

The antidotes for the mercurial corrosives are the white of egg alone, or this followed by the infusion of galls or catechu - also milk and such other animal fluids as promptly decompose them or form with them insoluble compounds.

The irritant action of mercurials is seen in the production of redness, and increased discharge, very often inflammation, and ulceration, passing on occasionally to sloughing and gangreene. There are not many of the preparations which do not possess more or less of this property; even those where mercury is concieved to be in the metalic state are not altogether without some tendency to cause

irritation; but the most active irritants are the soluble compounds, next to these are the red oxide, and iodide, and subsulphate, and probably the white precipitate; calomel and the protiodide come next and are peculiarly distinguished by their tendency to cause heightened vascularity, and increased secretion where they are applied, but without this irritation in general tending to become excessive. The mercurial pill, ointment, and plaster are feebly irritant, and so are the powders obtained by triturating mercury with chalk and magnesia. The irritant action of mercurials is the source of various other actions, which have been turned to account in the practice of medicine. They owe their effect as astringents errhines and cathartics to this property. The soluble salts; white precipitate, and the peroxide are astringent by virtue of this effect, or their chemical action; corrosive sublimate and the peroxide are sometimes employed externally for their astringent

effect All these preperations act promptly on the lining membrane of the nostrals, causing profuse discharge, sneezing, and vascularity and are therefore errhines. It is probable that nearly all the officinal prepreations of mercury are more or less cathartic. The most violent cathar-tic preperations of mercury are the soluble com-pounds; the insoluble ones being mild or brisk in their action according to circumstances; and calomel is the most convenient for obtaining a cathartic effect; which according to its dose and the remedies of corresponding qualities given along with it, may be rendered a mild alterative, laxative, or a powerful hydragogue. The action of calomel as a cathartic is uncertain unless given in combination with other cathartics.

The action of mercurials on the bowels is believed to be always attended with an increased discharge of bile from the gall-bladder.

The tendency of mercurials to act on the bowels must be counteracted, when given for

purposes with which that action is incompatible; which object is usually accomplished by combining a little opium with them. When given alone their action on the bowels of some people is manifested by severe griping without purging; which action may be prevented generally by combining them with other purgatives.

The application of mercurial cathartics are so numerous that it would be of little utility to attempt to enumerate them. The most important of the physiological effects of mercury is that constitutional state which has been denominated mercurial action or mercurialism. This is a peculiar state of the constitution, partaking of the febrile character, accompanied by a variety of local symptoms, which can probably be excited by no other substance. Mercurialism can be induced quickly by a single dose, or slowly by small doses frequently repeated. When induced quickly it is generally ushered in

degree; but when brought on slowly it in general commences mildly, and may be regulated as to degree, at the will of the practitioner. The first symptoms are some excitement of the circulation, with other evidence of febrile action, then a peculiar fetor of the breath, with a metalic taste in the mouth, and redness of the gums where they touch the teeth; then the flow of saliva is increased, the gums become redder and swollen, and present a spongy appearance, the fauces swell and become tender, and the pulse is accelerated; and if the action be violent, there is afterwards, superficial ulceration of the gums, inside of the cheeks and sometimes the throat also. In mild cases the symptoms gradually subside in a few days. The fetor of the breath and redness of the gums are the most invariable symptoms, without which it would be impossible to assert positively that mercurial action was present. Cathartic effect that

mercury can induce, will probably be attained when this action is brought about. Quite a different set of symptoms sometimes are produced by the constitutional action of mercury. The pulse instead of being excited is rather slow; the mouth may be very little acted on, or even not at all; and the most remarkable affection is constant tremour, and convulsive starting of the muscles of the extremities, the jaw, and tongue, so as to prevent the patient from controlling voluntary motion; so that he is not able to walk, work, or even to feed himself.

This state is chiefly termed mercurial palsy or mercurial trembling, and is chiefly seen in persons whose occupation compels them to be continually handling mercury or breathing its fumes, and is very seldom caused by its medicinal use. All the officinal preparations of mercury are capable of inducing mercurial action in one way or another. The constitutional action of mercury is excited by its different

preperations in whatever manner they are applied to the body; whether they are swallowed or used in the form of enema, or rubbed into the skin, or placed on an abraded surface, or by their vapours whether brought in contact with the integuments, or breathed into the lungs.

It may be rapidly induced in any of these ways. It is often necessary to prevent, or modify the force of mercurial action. Where a severe mercurial action is not desired, advantage is frequently obtained from the administration a brisk saline purgative, on the mercury being discontinued, keeping the neck cool, and keeping up a moderately warm atmospheric temperature.

The constitutional action of mercury is the foundation of several of its most important therapeutic actions. among which may be particularly mentioned its action as an anti-phlogistic, and deobstruent. The anti-phlogistic properties of mercury are fully shown in the cure of continued and remittent fevers

In some severe forms of typhus, where the head is unusually affected, in severe remittents of the typhoid character, and in yellow fever, mercury in the form of calomel is given by many, freely as a febrifuge, and seems sometimes to be servicable.

Its malign effects are generally accompanied with the usual symptoms of its constitutional action. It is often used with advantage in pneumonia, pleurisy, peritonitis, hepatitis, laryngitis, iritis, and a number of other inflam-atory diseases. The effect on the disease is generally never well marked until mercurial action has begun to show itself in some degree.

More advantage is obtained from this mode of treatment where the inflammation has existed for sometime and the force of reac-tion has been subdued by bloodletting, than in recent cases where the circulation is in a state of unsubdued excitement. Although in general no benefit is obtained until mer-curial action has begun to show itself

there is no advantage in that action being ren-dered intense. The usual mode of administering mercury as an antiphlogistic in acute inflam-mations is to give five or three grains of calomel with a little opium, three, four, or six times a day, or oftener according to the urgency of the case. Sometimes mercurial inunction is associated with the internal use of calomel.

The antisyphilitic virtues of the preperations of this metal are also connected with its consti-tutional action. It is not generally, until some effect on the mouth is produced, that the therapeutic effect is manifested.

The curative result is believed to be owing to the mercurial and mineral action being incompatable with each other; one of which must yield its place in the constitution to the other. Almost any of the preperations may be used for obtaining its antisyphilitic influence. They should be given, for the most part in moderate doses two or three

times a day, so as to bring on mercurialism gradually. The deobstruent action of the mercurials, or that property which consists in the removal of glandular swellings, morbid deposits, and other organic alterations of structure, probably depends somewhat on the influence they are known to possess as stimulants.

It is sometimes exerted where mercurial action is not induced and not aimed at. The most unequivocal examples of their deobstruent virtues occur where the curative and the constitutional effects of the remedy seem to be closely connected. The applications of mercury for this purpose are numerous. In congestive enlargement of the liver, the most approved method of bringing the organ to its normal size, and of exciting the healthy exercise of its function, is by a mild continuous, or repeated mercurialism. The same treatment is occasionally requisite in other chronic diseases of the liver, among which may be mentioned jaundice

The constitutional action of mercury sometimes puts an end to obstruction of the bowels. Its effects are also well marked in some forms of palsy. Equally well marked advantage is sometimes derived from its use in the removal of effusions resulting from inflammation, as in recent effusions of fibrine into the aqueous humour from iritis. In all these as well as in in other instances of its deobstruent action, it is common to see, where it acts beneficially, the first signs of improvement concurring with the first outbreak of ptyalism. Many of the therapeutic properties of mercury are plainly dependant on its action as a stimulant. It acts as a stimulant of the circulation, of absorption and of secretion; its stimulant effects on the circulation are manifested during the excitement of ptyalism. Its absorbant influence is evidently often exerted independently of its general action; as seen in the removal of glandular obstructions, under the administration of

doses which do not sensibly effect the mouth.

In the same manner it no doubt possesses the property of stimulating various secreting organs, as in exciting the liver to increase the discharge of bile, of the kidneys to increase the quantity of urine, the skin to increase perspiration, without inducing ptyalism. Increased secretion is always established more certainly by mercury when given in combination with some other remedy which acts on the organ whose function the practitioner wishes to influence. When the preperations of mercury are given in small doses, or at long intervals although no effect may be noticed from each dose singly, there is at length produced in some cachectic states of the body an alteration from worse to better. Although a slight action on the mouth does no harm, yet it is not to obtain this result that even the slightest salivation be induced; neither is it necessary that it should have any action on the

bowels, though the stools sometimes become more frequent. The only phenomena obviously attending the alteration of habit, are improvement in the appetite, a cleaning of the tongue, a more healthy colour to the discharges from the bowels, and a more perspirable state of the skin. In this method of administering mercury it has been noticed that various chronic diseas often disappear, such as disordered digestion irregular action of the bowels, numerous chronic eruptions, and glandular enlargements. The stimulant effects of mercury on absorption and secretion, together with its complex results as an alterative, are best attained by the administration of small doses of its mildest preparations such as blue pill, or two or three grains of calomel every day, or every other day.

The protoxide of mercury is officinal. It is prepared by decomposing the protochlorid by a solution of caustic potassa or lime

water; the result being a hydrochlorate of lime or potassa and the protoxide which is precipitated. It is of an ash-gray colour without taste or smell. Its principle use is externally as a wash made with calomel and lime water in the proportion of about three or four grains to the ounce.

The binoxide or red oxide may be obtained in three or four different ways but it is generally procured by decomposing the pernitrate; it is used principally in the form of ointment of the strength of one drachm to the ounce; and also in the form of lotion made by decomposing one grain of corrosive sublimate with an ounce of lime water which is known by the name of yellow wash. There are two chlorides.

To make the protochloride, take two pounds of mercury and digest in three pounds of sulphuric acid and evaporate to dryness triturate this with two pounds more of mercury then add a pound and a half of chloride

of sodium and sublime. Calomel is the most convenient and most generally used of all the mild mercurials. It is not corrosive in its action, but it possesses all the other properties of the preperations of mercury. It is irritant, stimulant, antiphlogistic, cathartic, diuretic diaphoretic chologogue and so on. It is incompatible with the alkalies, alkaline earths and sulphurets. Dose as a sialogogue half grain to one grain three times a day, as a purgative five to fifteen grains.

The bichloride is made the same way that the protochloride is with the exception that only half the quantity of mercury is used.

Corrosive sublimate possesses almost all the actions which characterize the different preperations of mercury. It possesses an irritant, and corrosive action sufficiently powerful to occasion death in the dose of a few grains. Its best antidotes are albumen followed by infusion of galls or catechu

It is used both externally and internally.
It is an excellant mercurial and alterative in small doses, and has been much employed as such in venereal affections, cutaneous eruptions, and in chronic diseases of the viscera. It may be given in the form of pill mixed simply with bread-crumb or in the form of solution in water alone. It may be given in the dose of a twentieth or sixteenth of a grain.

There are two iodides the proto. and the biniodide. The protiodide is made by rubbing an ounce of mercury and five drachms iodine together and adding sufficient alcohol to form a thick paste and triturate until the globules disappear. In large doses it is an irritant poison of considerable energy. It is supposed to be useful in syphilis occurring in strumous constitutions. The dose is from one to five grains.

The biniodide is rather more energetic than the iodide. It is prepared by decomposing

the bichloride of mercury with the iodide of potassium; the iodide is precipitated.

It should be collected on a filter washed well with distilled water and dried and kept in a well stopped bottle. It possess the same action as the protiodide and may be used for the same purposes. The dose is from one twentieth to a sixteenth of a grain.

The nitrate is used principally in the form of ointment which is called citrine ointment; used for its stimulant qualities, as an application to indolent ulcers, to the eyelids when effected with chronic ophthalmia, and to a number of cutaneous eruptions.

White precipitate is made by decomposing the bichloride with aqua ammonia. It possesses the peculiar action of the mercurials generally, but is usually used as an external application as a stimulant to ulcers, and some chronic pustular eruptions.

An Inaugural Dissertation

on

[illegible]

Submitted to the Examination

of the

Provost Regents & Faculty of Physic

of the

University of Maryland

for the

Degree of Doctor of Medicine

by

Robert F. [illegible]

of

Virginia

1837

The disease known as Measles
and the one which I have select-
ed for my subject belongs to the Exan-
-themata. It is a febrile disorder, attend-
-ed by a peculiar eruption and
running a regular Course, and is also,
a disease of Childhood though adults
who have past through that period
are not exempt from the disease.
At one time there was no distinction
made between measles and its kind-
-red disease Scarlatina. But were now
considered varieties of the same
disease. The disease is also infectious
and is communicable from person to
person. The period of incubation
being from 8 to twenty days.

It also occurs more generally epidemically, and possesses incomon with the exanthemata, the peculiarity of seldom occurring more than once to the same person. As to the cause which generates the disease we possess no satisfactory knowledge.

Measles present three stages; the first beeing the febrile, the second the stage of eruption, the third the stage of desquamation.

The first stage generally commences with lassitude, and shivering succeeded by increased heat of the skin, acceleration of the pulse, thirst, and loss of appetite.

To these are added the ordinary symptoms

of Catarrh. The eyes are red and
Watery, frequent Cough. Sneezing
running from the nose and eyes
Which are tender and itchy, and
Causes the Child to rub them.
There is also a degree of hoarseness
With a sense of dryness about
the fauces. The head is affected
With a sense of stupor or drowsiness
The Stomach is frequently irritable
ejecting its contents. About the
fourth day the eruption makes
its appearance in distinct dots
Which coalesce and become
crescentic in figure. It appears
first upon the face and on the
succeeding morning it matures

appearance on the neck and breast. So spreading over the trunk. On the third day of the eruption, and Seven-th of the disease, it appears on the extremityes. The eruption on the face is most vivid generally on the fifth day, and on the Sixth begins to decline, and so disappears in the order in which it made its appearance. That which first made its appearance beeing the first to disappear and that which was last in appearance, beeing the last to disappear. By the eighth or ninth day the eruption having wholy disappeared a desquamation in the form of very minute scales takes place

On the disappearance of the eruption, which is usually attended with a troublesome itching of the skin. With the appearance of the eruption there is frequently an increase of the distress until the eruption declines the febrile symptoms abate. Upon the decline of the eruption a diarrhoea in many cases is set up (if it had not previously existed) which often affords relief to the remaining symptoms. Such is the usual course of the disease in its simple form; but the secondary or complicated, meet with deviations which do not present the same features in the order in which we have described them.

It is known from the first by the suffused eyes in measles also by the later appearance of the eruption and by its being somewhat raised above the surface, especially on the face. In scarlatina the redness is more generally diffused: while in Measles the skin in the interstices retains its natural hue also by the history of the case. If it be known to exist in the neighborhood and the patient has not previously experienced an attack. It is known from Small pox by the eruption being more firm to the touch when the hand is passed over the surface and by the later appearance of the rash. The autopsical appearances

Will vary according to the period when
death has taken place, and the nature
of the disease which formed the
Complication. The diseases with
which it is most apt to be complic-
-ated are Pneumonia Bronchitis and
dysentery. The prognosis will depend
upon the severity of the attack —
in the mild form there is no danger
to be apprehended from the disease
it-self; the danger generally aris-
-ing from the internal inflammation
which may be produced by accident-
-tal causes or which may have
accompanied the disease and hence
arises the importance of being al-
-ways on the alert; for some of

them (especially pneumonia) may be very insidious in its approach.

Attention should always be directed to the organs of respiration and digestion; to enable us to form an opinion of the probable result. It is supposed that the younger the patient the greater the danger; for it is a general rule that young children are more disposed to severe attacks of pulmonary inflammation. The character of a prevailing epidemic should also be taken into consideration. Disease is also more dangerous in the Winter. It is also more dangerous when it follows closely upon the subsidence of some other disease especially if it

in its appearance on the different parts of the body as it succeeds and by the absence of mildness of the abdominal or pulmonary inflam-mation the freedom from head-ach also from natural or mu-ist condition of the skin and pulse. The treatment in the simple form of Measles consists chiefly in keeping the patient confined to the bed with a suffi-cient quantity of covering to keep him comfortable, avoiding too much heat or cold.

The attention should be directed to the fever and catarrhal symptoms, which when they are

mild one then no other use than attention to preserving the patient in an equable temperature, in preventing him from exposure to cold or damp air, placing him upon simple diet, and keeping his bowels regularly by the use of some mild purgatives. Also to mitigate the cough by demulcent drinks which may be rendered more palatable by the addition of some acid such as Lemon juice. If the Cough be troublesome the inhalation of the steam of warm water [illegible] may [illegible] as well the

a continuance use of Dover's powder. In the more severe cases it may be necessary to take blood either general or local, though there exists a difference of opinions as to the time when blood letting should be resorted to. Some directing it only during the height of the eruption, others postponing it untill the eruption has subsided, and others again considering it equally proper at every period of the disease when symptoms are present requiring its use. We should be disposed to use it if there were present much difficulty of respiration

with a quick hard pulse with much heat and dryness of the skin a frequent dry harrassing cough with severe pain in the head or chest and particularly if there were present the signs of much bronchial or pulmonary inflammation. As to the extent to which bloodletting should be carried the age and vigor of the patient should be properly considered. It should then be carried to a sufficient extent to make some impression upon the system followed by antimonials with cups or blisters to the chest. In short all the remedies that would be required in ordinary bronchiale or pneumonic inflammation

Supporting by Stimulants the patient, if much prostration ensue. The gastro intestinal symptoms with which measles are occasionally complicated should be treated upon general principles. It occasionally happens that the rash appears imperfectly having appeared properly retrocedes, or disappears suddenly. The retrocession may be caused by some internal derangement to which our attention should be directed and should be our primary object in the treatment employed for the purpose of reproducing the eruption. If the retrocession be owing to weakness we should be disposed to use a stimulating plan of treatment if it should

be owing to exposure to cold the warm bath diaphoretics warm and slightly stimulating drinks would constitute our plan of treatment.

I have thus far given the form in which Measles most commonly make their appearance. There are however several other forms. One of which is known as the Congestive. And is marked by imperfect reaction. A general depression of the energies of the system. The pulse is slow and weak the respiration is slow and oppressed. The eruption may not appear or it occurs on some portions of the body only.

The treatment of this form consists in unloading the engorged vessels by

the use of emetics, warm bath, blisters, diaphoretics &c.

It occasionally happens that about the seventh or eighth day the rash assumes a livid color or tinnish tint inclining to yellow. It is generally accompanied by languor and a quick pulse this form is known by the name of Rubeola nigra and requires a tonic course of treatment the mineral acids in combination with the Sulphate of Quina will prove the most efficient.

An

Inaugural Dissertation

on

Rheumatism

Submitted to the Examination

of the

Provost Regent and faculty of Physic

of the

University of Maryland

for the

Degree of Doctor of Medicine

By

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of

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Virginia

1857

Rheumatism

Rheumatism is a peculia constitutional disease characterized by a specific irritation or inflammation of various tissues of the body such as the muscular, fibrious, and synovial or serious.

In develope the nature and character of this disease it is necessary to devide it into subdivisions and this division is sometimes founded on the parts which are its principle seat but the more philosophical and practicle is that arrangement which devides it according to the

grade of the inflammation and hence we shall classify in accordence with this latter view first the Acute form secondly the Chronic thirdly the Subacute and fourthly the Nervous.

The Acute.

is that in which the inflammation and fever are both of a high grade, the chronic is characterized by long duration and its low grade of inflammation. The subacute sequels itself by little or no fever and has the inflammation of a more diminished

grade than the acute, and lastly, the nervous consists merely of an irritation without fever or inflammation

// Acute Rheumatism is always accompanied by fever which precedes the local inflammation but rarely the local phenomena, are then the precursors and show themselves in a majority of cases in the extremities, and usually in the lower. The disease is not confined to one spot, but usually affects several and portions of the trunk either successively or conjointly, and

sometimes the whole of the body is involved. The larger joints seem to offer a more favourable index for the disease than the smaller ones - such as the fingers and toes.

The joints or other parts are sore and stiff at first, or are immediately seized with an excruciating pain, succeeding to which we notice heat and swelling causing in many instances relief to the patients agony. The swelling is tense and elastic, and of a rosealy hue, shaded off into the surrounding skin but

sometimes the natural colour
is not all changed

The inflammation
is fugative and flies from
one part to another, for inst
ance from the ankle to the
knee, and from the latter to
the heart, sometimes it changes
from one limb to corresponding
one attack does not prevent
a seconds, but rather favour
its occurrence in the same part
and occasionally before the disease
terminates a portion may have
suffered four or five times,
When the inflammation sizes a
part, it does not affect all the

tissues composing that part with equal severity, but is usually predominate in one, as when of the elements of a joint, the synovial and muscular or ligamentous tissue suffer disproportionably in the former case giveing rise to a soft fluctuating tumor and in the latter to a tense and elastic one.

Rheumatism after doing its worst locally now gives rise to constitutional disorder manifested by fever, the tongue is white and furred and usually moist, the skin is hot and not unfrequently, covered with a copious

perspiration of a peculiar and sickly odor, the pulse is full strong and usually not very frequent, varying from ninety to a hundreds, There is thirst, anorexia, and occasional headache. The bowels are constipated the secretions are but little diminished except the urine which is scanty and high colored and has a tendency to let fall a cutaneous sediment. The fever is usually remittent with exacerbations in the evening and remissions in the morning.

The disease may confine its ravages, to the external parts of the body, or manifest itself in

in the more deeply seated organs.
The most frequent metastasis takes
place to the endocardium and
pericardium the former being most
frequent, and when the external
membrane is inflammed the int.
ernal one is very apt to suffer
in like manner. Children are more
subject to this metastasis than
adults. The cardiac complications
are readily detected by the physical
signs proper to those diseases.
When the inflammation seizes
an internal organ, the external
parts are sometimes found much
benefitted by the transference.
Next to the membranes of the

of the heart the pleura is the most frequent seat of the disease. Pain in the head with increased sensibility to light and sound, delirium and coma, are signs of the extension of the disease to the membranes of the brain. The rheumatic irritation may also be transferred to the liver giving rise to jaundice.

The duration of acute rheumatism varies considerably from one or two weeks to two months or even longer. Its decline is indicated by the pain abating, the tense and elastic swelling gives way

for a soft and fluctuating one
some swelling and soreness remaining
for a considerable time

The disease with
which acute rheumatism bears
strong points of resemblance is
gout and from it can only be
distinguished by carefully attending
to the following circumstances.
First gout is founds among the
rich and luxurious; and Rheuma-
tism, on the contrary, attack the
poor. Gout affect most frequently
the smaller joints; the reverse
in this disease of more or less
preliminary disorder of the
digestive and other organs

its paroxysmal form the greater violence of pain, the higher redness of the inflammation, the greater tumefaction of the parts and the desquam of the skin.

Acute Rheumatism though exceedingly painful, yet in adults it very rarely terminates fatally in a short time. If unattended with the internal complications mentioned, it may most always be led to a favorable termination. The pathological elements of this disease are what we might expect to find. Inflammation of the

serous and synovial membranes with thickening and an effusion into their cavities. Serous fluids containing albuminous flocculi and false membranes The blood abounds in fibrin often so great a proportion as 10.2. parts in a thousand have been found.

The nature of Rheumatism is not known. Dr Bouts says "that the disease depends upon an excess of lactic acids in the blood another theory is that the disease is nothing more than an ordinary inflammation, among any peculiarities it may

possess to the tissues in which it may be seated. All that we really know about the nature of the disease is that it depends upon some unexplained condition of the system denominated the Rheumatic diathesis.

The predisposing causes of the disease are the Rheumatic diathesis; Sex has also some influence, age has this rank, and above all, a previous attack greatly favors its occurrence. The only known exciting cause is cold, which is rendered more active when combined with moisture

The Second variety of Rheumatism is the Chronic. This form of the disease has as before stated for its character, long duration and the lowest grade of inflammatory action. It is generally seated in the joints although it may affect the synovial, muscular and fibrous tissues. It does not give rise to much swelling, except when the synovial membrane is inflamed, redness in the part is almost wanting, there is generally complete absence of fever, unless in those cases where common or scrofulous inflamation is set up in the joints which

give rise to suppuration and ulceration. When the disease occupies a muscle for a long time it becomes atrophied and paralyzed. This form of Rheumatism is sometimes original but most frequently results from the acute variety it may be mistaken for paralysis when in the muscles but can readily be distinguished by observing the march of the two diseases. The third form is now to be considered and has for its peculiarity that condition in which the inflammation is less violent than the acute

ands there is little or no fever
Subacute. Rheumatism goes
its preference to the muscles
ands may occupy one or extends
to more. When the muscles are
contracting they cause great
pain ands the patient is unwill
ing to repeat the movements. In
the greater number of cases
where the joints are inflamed
one only suffers as it extension
to other parts would give rise
to more or lefs decidid fever In
this variety there is lefs pain
heat and redness than in the
acute. This variety of Rheumatism
is not confined to the joints ands

muscles but may affect any other of the tissues under one of its characters is that it has a great disposition to metastesis and the parts in which it happens are the scalp, the eye the face, the neck, the parietes of the chest in the abdominal parietes, in the lumbar muscles and in the hips giving rise in the first instance to lumbago, and in the latter to sciatica; of the internal organs the heart, the diaphragm, the alimentary canal and the liver and kidney, suffer subacute rheumatism is always favourable except when it seizes upon the vital organs. The fourth and

last form of Rheumatism is
the nervous and this not occupy
a moments in its description
It consists of an inflitation without
the least signs of inflammation.
Nervous Rheumatism gives rise
to neuralgia forms of pain. to
vertigo, dizzyness headache tinnitus
aurium, perverted vision and
when it affects the brain. we
may have colicky pains in the bowels
and perverted functions of the liver,
Kidneys and genital organs.
Treatment of Rheumatism.
When the pulse is full and
strong bleeding should be employ
d, with a purgative preparation.

to the patients strength, the usual quantity will not fall short of fifteen or twenty ounces to be taken from a robust patient one or two bleedings will generally be sufficient. Purgatives are important remedies and scarcely less beneficial than bleeding, give R Hyd. Sub Mur. grs XX Pulv opii gr i at night followed next morning by the black draught. which is composed of Senna and Sulp. Magnes & manna fennel seed. & Boiling water the above plan should be pursued for a couple days. and you should give the following mixture R Vini Colchi XVgtts Pulv Doveri grs V

Syrp. q.s. give this mixture three times pr day; should Endocarditis or Pericarditis supervene, a few additional doses of Calomel, and depletion, will generally be beneficial, or may arrest the disease before there is time for any organic change. Diaphoretics should be used such as tartar emetic and niter, citrate of potassa in the form of the neutral mixture. Opium should be given at night to allay pain and procure sleep. The diet should light in Rheumatism, and after the fever has subsided we can use the following formula, Rx. Pulv Opii

Ipicae pulv. ua grs vj Potass Nitrat ʒi. Guiac Res pulv - ℥ss Ft in chart, six dividenda. S, one every four, six or eight hours, should these remedies fail, we must have recourse to Calom el, in alterative doses with Opium, Col chicum in at this period combined with the mercurials and opium. Should the heart become involved bleeding as far as can be done with advantage, and then apply Cups or leeches, followed by a blister When the brain becomes involved shave it and apply leeches and when the symptoms become alar ming a blister over the whole head is adviseable, as local appl-

ication we can apply a few leech
es, but the better plan in this stage
is merely to cover the inflammed
joint with cotton. In a more
advanced period stimulants
can be applied, such as Camphor
ated Soap, Liniments, Terpentine
Blisters,

This is the rational
Treatment and the one to be
followed notwithstanding a host
of remedies have been vaunted
now and then, but all sink sooner
or later in the very grave which
their undeserved praise digs.

Of Course some modification
is to be made for the various

forms in which it occurs but the intelligent practioner will readily appreciate these modifications of treament when they occur. of late years the use of lemon juice has been extensively adopted, and the success attending its use has been such as to render those quite sanguine of its curative effects who have employed it. As to the modus operandi of the lemon juice we are yet in comparative ignorance, and whether the virtues attending it are real or only imaginary, Time a low can determine. This Gentlemen concludes this short thesis which I willingly submit to you

impartial criticism

Your obt Svt
Reuben T. Moore
Hampshire Co
Virginia

To

Samuel Chew M.D.

Professor of the

Principles and Practice of Medicine

in the

University of Maryland

as a

Mark of Respect

for his

High Attainments as a Teacher

and for the

Social and Moral qualities

which

Distinguish him

as a

Gentleman

This Essay

Is Respectfully Inscribed

An
Inaugural Dissertation
on
Yellow Fever
Submitted to the Examination of
The
Provost Regents and Faculty of Physic
of the
University of Maryland
For
The Degree of Doctor of Medicine
By
David J. O. Smith,
of
Maryland.

"Yellow Fever"

Yellow Fever

Gentlemen

This is a fever, which rarely prevails except as an epidemic, and then its malignancy is terrific, usually desolating cities and districts. — We have on record various accounts of its occurrence, in different portions of the world, and those descriptions of it though differing in some particulars, present us with a pretty correct history of its phenomena. The pathology of this disease, and the various conditions, under which it usually takes place is still somewhat obscure; also the investigations, which have from time to time been undertaken in explanation of many of its eccentricities are in a great measure unsatisfactory. However without saying that future observation will not throw

of this malady, and we can at least hope that pathology and dissections are certainly in a fair way to give us a more lucid, and positive history. We will now try to describe in as plain a manner as possible some points in the history of this interesting fever. In the first place we remark that this fever requires a certain elevation of atmospheric temperature for its production or sustenance, and this is truly a consolatory fact in the northern countries of Europe, and America. It has never appeared farther north than the 45° of latitude. It has appeared a great number of times since the year 1684 in Brazil, Peru, Guiana, Darien, New Granada, St Domingo, Mexico, Cuba, the

Southern parts of the United States
the Carribees, Africa effects once
in Leghorn in 1804 and never in
France except in Lazarets. In
the Southern parts of America it
prevails more or less during the
whole year but especially when the
heat is most intense and perma
=nent. Beyond the Tropics it ceases
immediately on the appearance
of the cold season. It never ap
=pears when the thermometer is
below the 60° Far. In America, it
seldom attacks the negroes
and the mulattoes, its victims
are generally Europeans who have
recently arrived. The same indivi
=duals are seldom affected twice, for
Lebew states out of 27,000 cases only
about one third of that number
were affected more than once

Should a native after a long ab-
-ence return he will be liable
to contract it the second time.
The places most liable to its
ravages are populated cities situa-
-ted upon the sea coast which are
more or less damp. It rarely extends
more than three or four miles inland;
but when it spreads to a greater distance
it is generally along a large river.
Its favorite habitation with regard
to elevation is low marshy swam-
-ps and from this fact it has been
supposed to originate partially
from vegitable decomposition which
is not true, as its symptoms are not
typical to miasmatic fevers therefore
it cannot be the sole cause. Wester-
-ly and southerly winds appear to
favor its occurrence. If a long
continuance of a low temperature

[illegible] the ravages of [illegible] from [illegible]
-quently. [illegible] of fresh [illegible] is the
condition most favorable to its devel-
-opement. Thus, it is observed to atta-
-ck a greater number of persons
after a rain which has cooled the
atmosphere. By [illegible], opposite
action (insolation) determines it
very frequently. Like other fevers
it recognizes as a predisposing
cause depressing moral affections,
fatigue, excessive study, in food
and drink. Its victims are particularly
adults the male sex, individuals of
excitable nervous system. [illegible]
are supposed to be less subject to this
fever than infants, but [illegible] thinks
that this is altogether true; he
rather thinks most persons who have
escaped this disease were visited
by it while young, and [illegible]

[illegible] to the [illegible] [illegible] and
[illegible] and the [illegible] [illegible]
[illegible] on whom we should make
our judgement. The second interes-
-ting point in the history of this
malady is in consideration of
its contagiousness. Few questions
in pathology have been more
warmly discussed. Where this the
Contagionist are perhaps the mas-
-ter of the two sides. They say that
yellow fever is contagious because
it almost always commences where
its obvious causes are first [illegible].
2nd That from this focus the disea-
-se spreads on all sides where
the fever was never known bef-
-ore. 3rd That like all contagious
diseases it affects a person but
once. These are the arguments used
by the non contagionist and

they equally successful in their arguments tell us that fever patients are carried into public institutions, and hospitals and that they do not communicate to the nurses, and attendants - that vessels with fever on board land, but do not affect any portion of the neighbourhood. In cities, where the disease is confined to limited districts - many persons disseminate into the surrounding country and then do not establish foci of the malady. Attempts have been made to inoculate this disease with the blood and secretions of patients and even the vomit has been swallowed; but all to no effect as they did not produce the fever.

Our next point will be to ascertain the symptoms of the disease, which may break in upon the patients secluded or be preceded by premonitory symptoms. When the fever begins by premoniture, we have obscure spontaneous lassitude, a state of langor, of general "malaire" as at the commencement of many other diseases; but often to these symptoms are joined the following, pulse feeble, blow, profound, disappearing under the finger or frequent small and intermittent. Skin hot, and dry or cold, and covered with a clammy moisture, features altered, mournfull air or feined gaity, lips pale and livid, tongue sometimes red dry at others times white moist and trembling, subsultus tendinum

slight tremors of the limbs. When these symptoms affect a plethoric individual, whose stomach and brain has been irritated we may for an attack of yellow fever. After these precussory symptoms have continued for sometimes perhaps after hours or days; but more frequently without any preventative the patient complains of extreme prostration, expressible "malaise", pain in the portal and temporal region, at the bottom of the orbits, in the loins, the vertebral colum, the back of the neck and the knees. Sometimes a chilliness seizes the patient, which alternates with flushes of warmth and then the skin becomes of a dry and pungent heat. The face is most frequently red and animated

the eyes sparkling, fixed, and suffusing, the conjunctiva, the light is painful, there is wakeful=ness or sleep is disturbed, and an air of fright mark the countenance of the patient, and he groans and weeps. The tongue at first red especially upon its borders, becomes dry rough, and covered, as well as the teeth and lips with a yellowish and afterwards blackish deposit. The throat is occasionally tine which renders deglutition difficult. The patient complains of heat and acute pain in the epigastrium which is tender and painful upon pressure. There is usually nausea and vomiting which adds to the epigastric distress and is promoted by drinks, the bowels are first - ...

=lepation and afterwards succeeded by copious alvine evacuations. The desire for cold drinks is usually excessive, and ice held in the mouth, and slowly dissolved is very greatful in consequence of the extreme gastric heat, delirium, supervenes, and shows itself in various degrees from slight embarrassment to maniacal fierceness. Such are the symptoms which we call the first period of yellow fever, and which period varies from a few hours to three days, and sometimes even longer. The duration of the first stage is generally longer in mild cases. Having run its course the fever subsides and with a great amelioration takes place in the condition of the patient-

the pains become less or cease altogether, the respiration less laborious, the skin cooler and softer. The patient will be often found up and expressing a great pleasure in his rapid recovery; but this a delerious Calm. Sometime indeed recovery dates from this amelioration of all the symptoms; but more particularly it indicates that nature has captured the enemy and is now a hopeless prisoner. The period of Calm may last for a few hours or days but nevertheless the patients of greater tenderness over the epigastrium, the red skin and conjunctiva give way to a yellowishness which communicates to the eyes and on the mouth gradually

extending down the trunk.
This peculiar color varies in
hue from a bright-yellow to
a bronze and is a characteristic
to ascertain the extent of the
disease. The pulse sink as
low as 40 in number, and urine
is yellow or even blackish. In
some case these symptoms are
accompanied with a slight-heav
=iness or stupor. Now we have
a third period supervening
upon this which is characterized
by debility, - the pulse are frequ
=ently feeble and irregular, the
Capillary circulation is stag
=nant and when pressure
upon the skin is made the
Color returns to its normal
state and the depending parts
of the blood become lived

The tongue is now very raw and fissured and covered with sordes; the teeth, lips and gums are also loaded with this substance (Sordes). Gastric irritation is now as extreme, as in the first stage, and every thing that is swallowed is thrown from the stomach and a new matter ejected, consisting of brown or blackish flakes or particles in a colorless liquid, which may be at first slightly tinged; but ultimately becomes black and opake. The urin is sometimes natural and sometimes almost or quite suppressed, and occasionally though rarely retained. At this stage hemorrhages usually takes place from the surface of the tongue, mouth, nostrils, anus, vagina, and urethra. The face is hippocratic and muscular strength appears annihilated. Sensibility appears

extinct; the breath is cold, the whole body exhales fetid odour. Livid spots appear, petechiæ in character on the body. The parotids become inflamed, more rarely still we meet with Anthrax and Bubaes. The duration of yellow fever is in a few cases from twelve to twenty-four hours and sometimes three days; but more frequently from four to eight days. The premonitory symptoms, yellowness of the skin, and congestions suffered, this depends on a peculiar change in the blood which gives rise to the excessive spreading of this yellow matter; which not only affects the skin; but has been found in the bones, cellular tissues, et cetera. In 1793 Joseph Frank attributed it to a sort of sanguineous extravasation, simulating what occurs in ecchymoses, produced

by contusion. The yellow color is not an invariable accompaniment of this fever. The black vomit does not make its appearance usually until the second or third stage and although it almost always happens sometimes absent; the source of the black matter, passes by vomiting and by stool. It has been a matter of much discussion; some have regarded it as produced by the action of the acid in the stomach upon the extravasated blood; but the most plausible explanation and indeed the most reasonable one is that it should be regarded as a product of the secretory action of the mucous coat of the stomach especially as it has a striking resemblance to what is known as in chronic inflammation of that organ with hyperemia

of its fluidity. Blood vomit is either nearly tasteless or sour, and shows a decidedly acid reaction; when upon standing separates in two portions: a clear viscid fluid which occupies the upper portion of the vessel, and an insoluble black flaky matter which subsides to the bottom. Animalculae and microscopic fungi in it, also corpuscles of the blood. The anatomical character of this is a present not very decided or pathognomic. There exist like in all the diseases of a febrile nature, Congestion, extravasation and inflammation of many of the internal organs. It is in the abdomen that we find the alterations the most characteristic, and the most constant. The whole cellular tissue is soaked in

cervix more or less abundant. The muscles are sometimes red, pale, and sometimes blood is found extravasated in the inter-muscular spaces. When the abdomen is opened it exhales a fetid and peculiar odour. The stomach is found to contain a considerable quantity of black matter, and has its interior surface more or less red or of a brownish red; sometimes ulcerated; gangrenous, and destroyed in part of its extent, especially near the pyloric orifice. The mucous membrane is also sometimes softened or thickened, the muscular and peritoneal are usually sound. These traces of inflammation extend also into the intestines, which contain more or less of the black vomited

sometimes the pancreatic glands. Peyer's glands seldom altered. The veins of the omentum and mesentery contain dark and liquid blood. The mucous membrane of the gall-bladder has been found thickened and of a brownish red. The gall-bladder is often retracted and sometimes contains black and pitchy bile. Some importance has been attached to the liver since Louis's examination in the year 1826. The organ is generally found anemic and friable, breaking easily under the finger, and of a brownish slate hue, sometimes through this organ is found largely gorged with blood, and sometimes flabby or again it may be found to appear perfectly healthy. It is stated that oil has been found in this org-

more abundant than natural, both free, and enclosed in the hepatic cells. The spleen generally presents no remarkable change. The kidneys are often redder than natural, and gorged with blood. The bladder is often contracted, and its mucous membrane red throughout almost its whole extent, it contains a veriable quanity of urin, often brown and sanguinous especially when its quanity is small. The lungs are sometimes gorged with black blood which flows out when incisions are made in them, they are covered externally with livid spots, the substance was found by M Beilp contracted, black and appeared as though it was burnt. Red, violet, and livid patches are not unfrequently found in this organ

M Ball has found in the heart - a transparent gelatinous clot - sometimes extending into the aorta. These are the principal pathological changes noticed in yellow fever. There still remains some minor points of which it is unnessisary to give a detailed account. We now come to that portion of the history of the disease (its therapeutics) which certainly is not in a very satisfactory condition from the many contradictory reports of cures with this and that remedy, until the whole pharmacopia has been ransacked, and yet nothing can be relied upon to cure a certain number of cases. There are some cases in which medicinal substances are entirely useless from the malignancy of the disease which usually strikes the patient with death

there are other cases which are so mild that the patient will get well under almost any mode of treatment. However this must not discourage us from having recourse to the applying of our art, for ~~[illegible]~~ are cured by a judicial mode of treatment which would otherwise prove fatal. In the commencement of this malady, if the stomach be loaded, and oppressed, and there be no great epegastric tenderness, we may give some two or three grains of ipecac' following by draughts of warm water. Bleeding must be had recourse to (if the condition of the patient justifies it) at the commencement of the disease, as otherwise fatal prostration will prevent us. Ten or fifteen ounces of blood may be taken at once bleeding which when judicious, Amelienate the

disease a great deal. Local bleeding is of more importance than general, this should be effected by cupping or leeches applied to the epigastrium to relieve the inflammation of the stomach. Mercury must have a trial speedily as it is found that the course of which ptyalism is established gets more rapid=ly; we can give from fifteen to twenty grains of the Bichloride at a dose followed by a dose of magnesia sulphate or Rochelle salts or an infusion of senna, by the bowels have been freely moved we may keep them open subsequently by Rhubarb and magnesia, this former for its tonic effects and the latter for its antacid properties. We can also diminish the heat of surface by cold applied by sponging. To facilitate this we may give the effervescing draught every hour which last has

the properties of allaying the gastric irritation. Dovers powders may also be given on small doses of morphia. When the second stage has set in we must give up all active means, and try to diminish the gastric inflammation by other means and for this purpose the acetate of lead is the best given in doses of two or three grains every hour untill thirty or forty grains are taken. A blister is the best applied to the epegastric, and through the channel we may introduce some sulph morphia. When great depression has set in we must resort to the stimulants, and tonics, such as Sulph Quinia, Cinchonia, mineral acids, Capsicum, wine, Serpentaria, Brandy and Terpentines. This gentlemen is the summary of the treatment which I would follow in

yellow fever, and which from my pathological knowledge is to esteem the saftest and the most indicated, And now I will conclude with this simple statement that aware as I certainly am of the many defects of this dissertation still, I may be permitted to say that this production was the result of many diligent hours spent in my Chamber rambling over the records of the science which I have adopted as the future profession of my life.

I have the honor
Sirs' Your obdt. Sv.
David A. C. Twist